## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** P95000068176 (3) DOCUMENT # 1. Corporation Name VANTAGE GROUP, INC.

	F	ILED	
May	11	1998	8:00am
Sec	ret	ary of	State



Principal Piac	ce of Business		Ma	ding Address			·	I INDINDIA III INIII DANII BAI	II <b>48</b> III <b>89</b> II <b>0 8</b> II	#1 18181 1	1011 100	180 W]
1482 S 3 ST JACKSONVILLE BEACH FL 32250 US  1482 S 3 ST JACKSONVILLE BEACH FL 32250 US				l		DO NOT WRITE IN THIS SPACE						
								<ol> <li>Date Incorporated or Qualifie 08/31/1995</li> </ol>	d			
2. Principal I	Place of Business		28.	Mailing Address				4. FEI Number			Apr	plied For
21			26					59-3341672			No	Applicable
Suite, Apt	<b>#, e1</b> c. 		27	Suite, Apt. #, etc.				5. Certificate of Status Desired				dditional quired
City & Sta	ite			City & State				6. Election Campaign Financing	1	\$5	.00	May Be
23			28					Trust Fund Contribution		Ac	ided to	o Fees
Zip	<del>⊢</del> ¬	Country	L	Zip	-	intry		8. This corporation owes or has	` -			
24	25		29		30			Personal Property Tax due Ju		Yes		) No
		Address of Current	Regist	ered Agent		-		10. Name and Address of New	Registered	Agent		
	AKIN, PAUL M					81	Name					
559 ATLANTIC BLVD., STE. 4 ATLANTIC BEACH FL 32233				82	Street A	ddress (P.O. Box Number is Not Accep	table)					
						83						
						84	City		FL	85	Zip C	Code
11. Pursuant office or agent. I	to the provisions registered agent, am familiar with, a	of Sections 607.0502 or both, in the State o nd accept the obligati	and 60 Florid ons of,	7,1508, Florida Statut a. Such change was Section 607,0505, Fl	es, the a authorize orida Sta	bove d by tutes	named c	orporation submits this statement for th oration's board of directors. I hereby ac	e purpose of cept the app	chang ointme	ing its	registered registered
SIGNATURE	Sloonbure typed or prin	nted name of registered agent	earl tile i	(Applicable (NO)	F. Benislan	rl Ann	nt signature re	equired when reinstating)	DATE			
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OF		DIREC	CTOR	S IN 12
TITLE	D			DELETE	1.1 T	TLE				☐ Cha		Addition
NAME	BIONDI, TE	D			1.2 N	AME	1					
STREET ADDRESS	9 SAILFISH	DR.			1.3 S	TREET.	ADDRESS					
CITY-ST-ZIP	PONTE VEC	DRA BEACH FL 320	82		1.4 C	ITY-SI	r- ZIP					
TITLE				DELETE	2.1 7	TLE				Cha	ange	Addition
NAME					2.2 N	AME						
STREET ADDRESS					2.3 \$	TREET.	ADDRESS					
CITY-ST-ZIP	_				2.40	ny-s	7 - ZIP					
TITLE				☐ DELETE	3.1 T	TLE				Chá	inge	Addition
NAME					3.2 N	AME	- 1					
STREET ADDRESS					3.3 S	TREET	ADDRESS					
CITY-ST-ZIP					3.4. 0	ITY-S	T-ZIP		·			
TITLE				☐ DELETE	4.1 T	TLE	1			Cha	ınge	Addition
NAME					4.21	IAME	- 1					
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP					4.4 C	ITY-SI	- ZIP			<del></del>	<del></del>	
TITLE				☐ DELETE	5.1 T					Cha	inge	Addition
NAME					52 N							
STREET ADDRESS					5.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	<del> </del>			F-1		TY-S1	- ZIP					
TITLE				DELETE	6.1 T	TLF				L Cha	inge	☐ Addition
NAME					62 N	AME						
STREET ADDRESS					635	TREET	ADDRESS					
CITY-ST-ZIP					64C	TY-SI	- ZIP					

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.