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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072903 (4)

VESTO, INC.

NAME

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

Principal Place of Business Mailing Address C/O J. HAHN, CPA 800 NORTHEAST 76TH STREET 1515 N. FEDERAL HWY. SUITE 300 **BOCA RATON FL 33487** BOCA RATON FL 33432-1994 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1996 09/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0752997 APPLIED-FOR Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Namo VESPUCCI, ANTHONY **800 NORTHEAST 76TH STREET** Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33487** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registyred Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE PD 1.1 TIME TITLE VESPUCCI, ANTHONY NAME 1.2 NAME **800 NORTHEAST 76TH STREET** 1.8 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.5 TITLE TITLE 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 7/11/5 TITLE NAME 3.2 NAME 3 B STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.4 TITLE NAME 4.2 NAME STREET ADDRESS 4 B STREET ADDRESS CITY-ST-ZIP 4 CITY-ST-7IP DELETE Change Addition .5 h 100 E TITLE NAME 5 NAME 5,3 STREET ADDRESS STREET ADDRESS 5 A CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6h TITLE TITLE

> 6 NAME 6 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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

561- 241-0841

**FILED** 

May 20 1997 8:00am

Secretary of State