

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084286**  
1. Corporation Name: **VIGOR Advertising**

**300001840993**  
-05/28/96--01037--014  
\*\*\*225.00

Principal Place of Business  
**645 Mayport Road  
Suite 3B1  
Atlantic Beach, FL  
32233**

Mailing Address  
**1015-226 Atlantic Blvd  
Atlantic Beach, FL  
32233**

21	2. Principal Place of Business	26	2a. Mailing Address	3	3. Date Incorporated or Qualified	3a.	3a. Date of Last Report
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	Nov 2, 1995		N/A
23	City & State	28	City & State	5.	59-3339910		Applied For Not Applicable
24	Zip	29	Zip	5.		<input type="checkbox"/>	\$8.75 Additional Fee Required
25	Country	30	Country	6.		<input type="checkbox"/>	\$5.00 May Be Added to Fees
	USA		USA	8.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	<del>ATLANTIC BEACH</del>
		84	City
		85	Zip Code
			FL 32233

11. Pursuant to the provisions of Sections 607.0502 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: PRESIDENT DATE: 5-13-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.J. EIRAS PRES.	2. NAME	
STREET ADDRESS	1015-226 ATLANTIC BLVD	3. STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: DATE: 5-13-96 904-270-0110

CR2E034 (12/95)