

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

2. Principal Place of Business
21 **645 Mayport Rd**
Suite, Apt. #, etc.
22 **3B1**
City & State
23 **Atlantic Beach, FL**
Zip
24 **FL 32233**

2a. Mailing Address
26 **1015-226 Atlantic Blvd.**
Suite, Apt. #, etc.
27
City & State
28 **Atlantic Bch, FL**
Zip
29 **32233**
Country
30 **U.S.A.**

3. Date Incorporated or Qualified **Nov 2, 1995** 3a. Date of Last Report **N/A**
4. FEI Number **59-3339910** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name **C.J. EIRAS**
82 Street Address (P.O. Box Number is Not Acceptable) **1015-226 ATLANTIC BLVD**
83 ~~ATLANTIC BCH~~
84 City **Atlantic Bch** FL 85 Zip Code **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 agent 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

TITLE	C.J. EIRAS PRES. <input type="checkbox"/> DELETE
NAME	C.J. EIRAS PRES.
STREET ADDRESS	1015-226 ATLANTIC BLVD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

5-28-96

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96 **904-270-0110**
Date of Filing Date of Report

CR2E034 (12/95)