

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000008446 (2)**

1. Corporation Name
VANGUARD INVESTMENTS, INC.



Principal Place of Business 700 WEST STATE ROAD 430 SUITE 2001 ALTAMONTE SPRINGS FL 32714	Mailing Address 733 WEST STATE ROAD 430 SUITE 2001 ALTAMONTE SPRINGS FL 32714
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3. Date Incorporated or Qualified 01/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21 405 Douglas Ave Suite, Apt. #, etc. 22 Suite 1955 City & State 23 Altamonte Springs, FL Zip 24 32791	2a. Mailing Address 26 P.O. Box 917359 Suite, Apt. #, etc. 27 City & State 28 Longwood, FL Zip 29 32791 Country 30 US
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4. FEI Number 59-3370194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 NAYLOR STREET TALLAHASSEE FL 32301-2525	
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10. Name and Address of New Registered Agent	
81 Name JUDGE, WALTER E.	
82 Street Address (P.O. Box Number is Not Acceptable) 405 Douglas Ave.	
83 Suite 1955	
84 City Altamonte Springs	85 Zip Code FL 32714

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 **WALTER E. Judge v.p.** DATE **4-21-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD KAHN, JEROME B
STREET ADDRESS	2102 ROYAL FERN COURT
CITY-ST-ZIP	LONGWOOD FL 32701
TITLE	<input type="checkbox"/> DELETE
NAME	STD JACONETTI, GEORGE W
STREET ADDRESS	733 WEST STATE ROAD 430, SUITE 2001
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	VP JUDGE, WALTER E
STREET ADDRESS	405 DOUGLAS AVE, Suite 1955
CITY-ST-ZIP	Longwood, FL
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **WALTER E. Judge** DATE **3/23/97** DAYTIME PHONE # **407-774-1600**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/96)