LE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT

CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

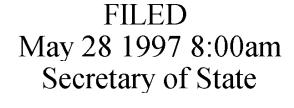
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000009607** (8)

THE VINEYARD, INC.

VIATICAL CAPITAL, INC.

Principal	Place of	Business



Principal Place of Business Mailing Address							
4208 PLACID STREET 4208 PLACID STREET SARASOTA FL 34243 SARASOTA FL 34243-4247					 -		
				3. Date Incorporated or Qualified 01/30/1996	3e. Date N/A	of Last Report	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number		Applied For		
21 1605 MAIN ST.	26 1605 MAIN ST.			65-0706580		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 SUITE 1109			6. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State SARASOTA, FL	City & State 28 SARASOTA, FL			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country 24 34236 25	Zip Coi 29 34236 30	untry		8. This corporation has liability for in Florida Statutes	ntangible ta Yes 🏻		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					ent		
KATZ, LAWRENCE H		81	Name				
341 N. MAITLAND AVENUE SUITE 120 MAITLAND FL 32751		82	Street Addre	pet Address (P.O. Box Number is Not Acceptable)			
		83					
		84	City		FL	85 Zip Code	
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Stagent. I am familiar with, and accept the object. 	tate of Florida. Such change was authorize	d by	the corporation	oration submits this statement for the pi on's board of directors. I hereby accep	urpose of cl t the appoir	hanging its registered htment as registered	
SIGNATURE Signature, typed or printed name of repisterer	t agent and tilk if applicable (NOTE Recisters	ad Andri	it signature required	d when reinstaling!	DATE		
	- And		British Chadanes	e 111100 1000 HI (B)	****		

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE B)	histored Angel Separature	required when reinstalling) (C	ATE.	- 			
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES TO OFFICERS		S IN 12			
TITLE	☐ DEI	LETE	111lilE	PRESIDENT	Change	X Addition			
NAME			12 NAME	C. DOUGLAS YORK					
STREET ADDRESS			1.3 STREET ADDRESS	1605 MAIN ST., STE 1109					
CITY-ST-ZIP	<u> </u>	1	1.4 CHY - ST - ZIP	SARASOTA, FL 34236		}			
TITLE	□ DE	LETE	2.1 TOTLE	VP, S, T	Change	X Addition			
NAME			2 2 NAME	R. KINGSTON COYNE					
STREET ADDRESS			2 3 STHEFT ADDRESS	1605 MAIN ST., STE 1109					
CITY-ST-ZIP			2. 4 CHTY-ST-ZIP	SARASOTA, FL 34236					
TITLE	DEC .	. ETE	3 1 1 11 LF		Change	☐ Addition			
NAME			3.2 NAM(
STREET ADDRESS	ţ		3.3 STREET ADDRESS						
CITY-ST-ZIP			3 4. CITY - S1 - ZIP						
TITLE	☐ DEC	LETE	4.1 TITLE		Change	Addition			
NAME		ï	4. 2 NAME			Ì			
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE	☐ DEL	LETE	5.1 TIFLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS)	1	5 3 STREET ADDRESS			Ì			
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE	DEI	LETE	61 TITLE		Change	☐ Addition			
NAME		i	6.2 NAME			ļ			
STREET ADDRESS		1	6.3 STREET ADDRESS						
CITY - ST - ZIP	1		6.4 CITY - S1 - ZIP			ì			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated by this annual report of supplies ental 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. I the corporation of 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 3 if changed, or on an attachment with an address