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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B/Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P96000015023 (0)**

V J'S OF MANATEE, INC.

Principal Place of Business Mailing Address 737 D 8TH AVE. W. 737 D 8TH AVE. W. PALMETTO FL 34221 PALMETTO FL 34221-4717 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-030035 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name JOHNSON, VIVIAN *737 D 8TH AVE. W. 82 Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 83 **B4** City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE ☐ Change ☐ Addition JOHNSON, VIVIAN NAME 1.2 NAME 315 30TH AVE. W. STREET ADORESS 1.3 STREET ADDRESS **BRADENTON FL 34205** CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE THILE 21 TITLE Change Addition 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-7P 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CtTY - ST - ZiP 5.4 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

6.1 YITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

DELETE

DATE DATE DATE DATE DATE PROPERTY OF THE PROPE

Change

Addition

FILED

Feb 06 1997 8:00am

Secretary of State