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

PROFIT CÖRPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600059135 (9)

VOMEL INC.

Principal	Place o	f Busin	ASS

Mailing Address

1 BEGGLE LAKE RD

FILED Apr 23 1997 8:00am Secretary of State



NAPLES FL 33961		NAPLES FL 34114-2545					
					3. Date Incorporated or Qualified 07/12/1996	3a. Date of Last	Report
	lace of Business	2a. Mailing Address			4. FEI Number	'	Applied For
			KE RD		65-0692314		Not Applicable
Suite, Apt. #, etc. Suite. Apt. #, etc. 22 27				5. Certificate of Status Desired		Additional Required	
City & State City & State 23 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 34114	Country 25	Zip 34114	Count	У		Yes No	s. 199.032,
·	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
200-	JFE, LARRY A JOHN KNOX RD LAHASSEE FL 32303-6643		8	Street Ar	LIVER VOMEL ddress (P.O. Box Number is Not Acceptat BEAGLE LAKE RD		
			8.	City N	APLES	FL 85 34	Code 114
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Soctions 607.050 egistered agent, or both, in the State im familiar with, and accept the string and accept the string of the string agent a				orporation submits this statement for the paration's board of directors. I horoby acceptions to the paration of the paraticle of	ourpose of changing of the appointment a	its registered is registered
12.	OFFICERS AN		13.	gont signature re	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	PS INI 12
TITLE	D	DELETE	1,1 TITLE		TESTION OF THE STATE OF THE	Change	
NAME STREET ADDRESS CITY-ST-ZIP	VOMEL, OLIVER 1 BEGGLE LAKE RD NAPLES FL 33961		1.2 NAME 1.3 STREE 1.4 CHY-	T ADDRESS .	1 BEAGLE LAKE RD	34114	
TITLE	100 100001	DELETE	2.1 TITLE	S1 - 71r		☐ Change	Addition
NAME			2.2 NAME			Snango	
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY				
TITLE		☐ DELE1E	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP		Dones	3.4. CITY	-ST-ZIP			
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STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE	\ <u>\</u>	DELETE	4.4 CITY - 5.1 TITLE	S1-ZIP		Change	Addition
NAME		otter	5.2 NAME				Avonion
STREET ADDRESS				1 ADDRESS			
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TITLE		DELETE	6.1 TiTLE	V. 4"		☐ Change	Addition
NAME			6.2 NAME			_ •	
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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 trusted 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.

According 1997

The control of the corporation of the corporation of the receiver or trusted 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.