

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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000079182 (7)**

1. Corporation Name  
**AMERICAN VENDETTA, INC.**



Principal Place of Business  
**700 UNO LAGO DRIVE, SUITE 204  
 JUNO BEACH FL 33408**

Mailing Address  
**700 UNO LAGO DRIVE, SUITE 204  
 JUNO BEACH FL 33408-2682**

3. Date Incorporated or Qualified  
**09/24/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **140 INTRACOASTAL POINT**  
 Suite, Apt. #, etc.

22 **306**  
 City & State

23 **JUPITER FL 33477**  
 Zip

24 **33477** Country  
 25 **U.S.**

2a. Mailing Address

26 **101 PACIFICA**  
 Suite, Apt. #, etc.

27 **240**  
 City & State

28 **IRVINE CA**  
 Zip

29 **92618** Country

30

4. FEI Number  
**65-0696247**  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  
**AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P. O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD HALL, CHRISTIAN S 700 UNO LAGO DRIVE, SUITE 204 JUNO BEACH FL 33408  DELETE

VTD GLISMANN, MICHAEL J 700 UNO LAGO DRIVE, SUITE 204 JUNO BEACH FL 33408  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PTD HALL, CHRISTIAN S 700 UNO LAGO DRIVE, SUITE 204 JUNO BEACH FL 33408

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VTD GLISMANN, MICHAEL J 700 UNO LAGO DRIVE, SUITE 204 JUNO BEACH FL 33408

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 \_\_\_\_\_

CR2E034 (9/96)