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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083960 (0)

V.E.A., INC.

FILED Apr 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address		C COCKIGAL HAS CANAL CANAL CANAL CANAL CANAL TAKAN THING THING CANAL ERRY COCK			
1413 OLD OAK LANE NAPLES FL 34110	1413 OLD OAK LANE NAPLES FL 34110-4125				
			3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last	
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · ·	4. FEI Number	C	Applied For
1776831 S. Tamian	; TR. 26 2 6 331 S). TAMSAMITR	59-342522		Not Applicable
22 # 49	27 # 49		5. Certificate of Status Desired		Additional Required
City & Stale	City & State		6. Election Campaign Financing		O May Be
	65, F428 BONITA	SPRINGS, FL	Trust Fund Contribution		d to Fees
24 34134 25 W.	รค์ 🗔 ฉีนาวย	Country SA	8. This corporation has liability for i		r s. 199.032,
	s of Current Registered Agent	1301 0 37 (Florida Statutes 10. Name and Address of New Re		
STANLEY, JOHN F		81 Name	DILARDO J.	ENLOS	
2660 AIRPORT ROAD SOU	TH		ess (P.O. Box Number is Not Acceptab	FALCO!	<u></u>
NAPLES FL 33962		124	BRIARCLIFF	LANK	
		83		·	
		84 City	-1	85 Zj	p Code
44 Duranet to the provisions of Continu	no CO7 DED2 and CO7 1EDR Florida State	tos the shows seried ages	PLES	FL 5	4//3
 Pursuant to the provisions of Soction office or registered agent, or both, if agent. I am familiar with, and accept 	in the State of Florida, Such change was	authorized by the corporati	ion's board of directors. I hereby accep	of the appointment of	as registered
C., /	of the oxigations of, Section 607 0505, F	norum Statutes.		3/2/	91
SIGNATURE Signers of pented name of	Fregistered agent and the flyophicative. (NC	OTE: Registered Agent signature require	ed when reinstaling)	DATE	<u> </u>
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
THLE PRESIDENT WINCENZO U	FALLONE DELETE	1.1 TITLE		Change	e Addition
NAME VINCENTO V	h (ANE	1.2 NAME			
	K LANE 34110	1.3 STREET ADDRESS			
CHY-SI-ZIP NAPLES, FL		14 City-St-ZiP 21 Title		Change	e Addition
NAME PRODUCTS A		2.2 NAME			
STREET ADDRESS ING ST. JAW		2.3 STREET ADDRESS			
CITY-ST-ZIP NOLES, FL	33942	2. 4 CITY - ST - ZIP			
TITLE DECKREAKY /TI	KEASURER DELETE	3 1 TITLE		Chang	e 🔲 Additio
NAME EDUARDO J.	FALCONE	3.2 NAME			
STREET ADDRESS 124 BRIARCL	iff Lane	3.3 STREET ADDRESS			
DITY-SI-ZIP NAPLES, FL	34/13	3.4. CITY - ST - ZIP 4.1 TIYLE		Change	e Additio
III. F	C Detere	4.2 NAME		Criangi	e [] Muotito
NAME STREET ADDRESS		4.3 STREET ADDRESS			
City - ST - 7IP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TiTLE		☐ Chang	e Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CHY-SI-ZiP		5.4 CITY-ST-ZIP			
Tifte	DELETE	61 TITLE		Change	e 🔲 Addition
NAME		6.2 NAME			
STREEL ADDRESS		6.3 STREET ADDRESS			
City - S1 - 7iP		6.4 CITY - ST - ZIP			·

1. 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

(941) 7-93-3195