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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099971 (9)

VANDIVER AND ASSOCIATES, INC.

4550 UNIVERSITY DRIVE 455			Mailing Address 1550 University Drive CORAL SPRINGS FL 33065-1625					
							3. Date Incorporated or Qualified 3a. Date of East Report 12/11/1996	
	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For	
21		26					65-0712871 Not Applical	
Suite, Apt	. #, OIC.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required	
City & State		27 City & 5	City & State					
23		— · · · · ·	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zφ		Count	try		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29		30			Florida Statutes	
	9. Name and Address of Cur	rent Registered Ag	jent				10. Name and Address of New Registered Agent	
	idiver, kendall l			6	31	Name		İ
	O UNIVERSITY DRIVE			8	32	Street Ado	dress (P.O. Box Number is Not Acceptable)	\neg
COL	RAL SPRINGS FL 33065				33			
:				"	"			ļ
				8	34	City	FL 85 Zip Code	
11. Pursuant office or agent. I designed		0502 and 607.1508, ate of Florida. Such oligations of, Section	Florida Statu change was 1607.0505, F	ites, the abo authorized lorida Statul	by les.	-named cor the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registored	ad i
	Signature, typed or printed name of registered		e (NC		Agen	t signature requ	ored when renstating) OATL	
12. TITLE	OFFICERS.	AND DIRECTORS	DELETE	13.		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME VANDIVER, KENDALL L		'	_ been		1.2 NAME		C Dronge C Amon	7011
STREET ADDRESS	4550 UNIVERSITY DRIVE					ADURESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY				
TITLE			DELETE		2.1 TITLE		Change Addit	ion
NAME	[2 2 NAM	¶F			
STREET ADDRESS				2 3 STRE	EET A	AUDRESS		
CITY-ST-ZIP				2. 4 CITY		I - ZiP		
TITLE			L_ DELETE	3.1111			Change Addit	100
NAME				3.2 NAM				Į
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE	 		DELETE	3.4 CITY 4.1 TITL		I - ZII'	Change Addii	ion
NAME		'	DECUTE	4.2 NAN			Orange Pooli	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				4.3 STA		1		
TITLE			DELETE	5 1 TiTL		···	Change Addit	ion
NAME				5.2 NAM				
STREET ADDRESS				5.3 STRE	EE1 A	ADDRESS		
CITY-ST-ZIP				5.4 CITY	(- <u>\$1</u>	- ZIP		
TITLE			DELETE	6.1 THILE	E		Change Addit	lon
NAME				6.2 NAM	1E			
STREET LOOPENS	1					LDDDFOO		- 1

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, one an attachment with an address.

SIGNATURE: