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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023553 (5) 1. Corporation Name

VONDERAU ENTERPRISES, INC.

Principal Place of Business	 	 Mailing Ad
*** * ****		

ddress

FILED May 08 1998 8:00am Secretary of State



RT 2 BOS 1316 RT 2 BOS 1316 BRYCEVILLE FL \$2009 BRYCEVILLE FL 32009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-34 21 Not Applicable 26 Suite, Apt. #, etc Suito, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes ☐ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VONDERAU, BARRY RT 2 BOS 1316 Street Address (P.O. Box Number is Not Acceptable) 82 BRYCEVILLE FL 32009 **B3** ₿4 City 85 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of myelterid agent and tale if applicable (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **VONDERAU, BARRY** 1.2 NAME NAME RT 2 BOS 1316 STREET ADDRESS 1.3 STREET ADDRESS **BRYCEVILLE FL 32009** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE Change Addition 4.1 THTLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP CITY-ST-ZIP

14. Thereby 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 supplicmental 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 chapped, or on an altachment with an address.