

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90015 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000029432

1. Corporation Name
VENDIGATOR, INC.

604373-90015-18



Principal Place of Business
 2815 ORANGE TREE DRIVE
 EDGEWATER FL 32141

Mailing Address
 2815 ORANGE TREE DRIVE
 EDGEWATER FL 32141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6050 Sanctuary Garden Blvd		26 6050 Sanctuary Garden Blvd		03/31/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Port Orange, FL		28 Port Orange, FL		59-3549735	
24 32124		29 32124		5. Certificate of Status Desired	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Applied For	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name The Tax Doctors % Yvonne Baldwin		Not Applicable	
		82 Street Address (P.O. Box Number is Not Acceptable)		8.75 Additional Fee Required	
		83		8. This corporation owes the current year Intangible Personal Property.	
		84 City EDGEWATER FL		9. Yes 10. No	
		85 Zip Code 32132			

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 *Yvonne L. Baldwin* YVONNE L. BALDWIN 8/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SCD	<input type="checkbox"/> DELETE	1.1 TITLE SCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INTRIAGO, SHARON L		1.2 NAME Intriago, Sharon L.	
STREET ADDRESS 2815 ORANGE TREE DRIVE		1.3 STREET ADDRESS 6050 Sanctuary Garden Blvd.	
CITY-ST-ZIP EDGEWATER FL 32141		1.4 CITY-ST-ZIP Port Orange, FL 32124	
TITLE VTD	<input type="checkbox"/> DELETE	2.1 TITLE VTD President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INTRIAGO, SHARON L		2.2 NAME Intriago, Sharon L.	
STREET ADDRESS 2815 ORANGE TREE DRIVE		2.3 STREET ADDRESS 6050 Sanctuary Garden Blvd.	
CITY-ST-ZIP EDGEWATER FL 32141		2.4 CITY-ST-ZIP Port Orange, FL 32124	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VTM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Ram? F. Intriago	
STREET ADDRESS		3.3 STREET ADDRESS 6050 Sanctuary Garden Blvd.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Port Orange, FL 32124	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Sharon L. Intriago* SHARON L. INTRIAGO 8/18/99 (904) 277-4255

CR2E034 (5/99)

1098000020432
604373-9005-18

August 4, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I spoke to a representative today on the telephone. I explained to the gentleman that Vendigator, Inc. never received the first annual report packet. The company has moved three times in the last year. The packet never made it to our new permanent address.

The representative from the Division of Corporations asked me to write a brief note with this explanation and send a check for \$150.00.

Please let me know if you have any further questions regarding this matter.

Sincerely,



Sharon L. Intriago
Vendigator, Inc.
President