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

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000068458

VANTAGE FAMILY ENTERPRISES, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90002 013 ***150.00



	nana Natar									
Principal Place of Business Mailing Address								II) 48 111 88 11 8 1		41101 1211 1201
21878 PALM GRASS BOCA RATON FL 33		21878 PALM GRASS DRIVE BOCA RATON FL 33428					DO NOT WRI	TE IN THIS	SPACE	
			,				3. Date incorporated or Qualifed			
							08/05/1998			
2. Principal Place	of Business	2a. Mailing Address					4. FEI Number			plied For
21	· · · · · · · · · · · · · · · · · · ·	26					45 -0857585			t Applicable
Suite, Apt. #, et	c	Suite, Apt. #, etc.				• • •	5. Certifcate of Status Desired	<u> </u>	\$8.75 A Fee Rec	quired
City & State		City & State					6. Election Campaign Financing Trust Fund Contribution	□ .	\$5.00 Added to	
Zip	Country	Zip Country					8. This corporation owes the current year Intangible			
24	25	29 30					Personal Property Tax.			
Name and Address of Current Registered Agent							10. Name and Address of New F	Registered A	Agent	
				81	Na	me	·			
	o, Harry J Jr. Federal Highway				Str	eet Addre	ss (P.O. Box Number is Not Accepta	able)		:
	DUSE POINT FL 33064	•					<u> </u>			
Lanne	,		v	83					 	
	•			84	'			FL	85 Zip C	_]
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 Signa	ture, typed or printed name of registered agent	and title if applicable	(NOTE: P	egistered Age	nt signa	ture required	when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE P	- 4		☐ DELETE	1,1 TITLE					☐ Change	☐ Addition)
NAME An	thony Spirelli			1.2 NAME						[
STREET ADDRESS	878 POLIMENCES Dr			1.3 STREE	T ADDR	ess				
CITY-ST-ZIP	ca eaton, FL 33428			1.4 CITY-5	T-ZIP		<u> </u>		Channe	□ Addition
IMTE 16) 		☐ DELETE	2.1 TITLE		متية			Change	Addition i
NAME UM	nberto Liberatore OS Aquach	_		2.2 NAME						}
			· · ·	2.3 STREE		ESS .		•_	_	_ [
	rca laton. FL 33428		DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP				Change	Addition
TITLE				3.1 NAME						_
NAME STREET ADDRESS	·			3.3 STREE		RESS				
CITY-ST-ZIP	•			3.4. CITY-						
TITLE			☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME	•			4. 2 NAME						
STREET ADDRESS				4.3 STREE	TADDE	RESS				
CITY-ST-ZIP				4.4 CITY-1	T-ZP					
TITLE			☐ DELETE	5.1 TITLE			,		☐ Change	☐ Addition }
NAME				5.2 NAME				•		
STREET ADDRESS	y			5.3 STREE		RESS				
CITY-ST-ZIP	Transfer to the second			5.4 CITY-						- Addisio-
TITLE A.	in the first that the second		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·			\$2 NAME						
STREET ADDRESS				6.3 STREE		ŒSS				
1				RAICITY-	si-ZIP	1				J

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 employered 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 atte