## 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 # P98000090801

VINE TALK INC.

## FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90079 046 \*\*\*158.75



•								
Principal Place of Business Mailing Address			~		iese <b>ab</b> tet ancen 10	ter <b>Bala</b> r tarte	1 00101 f101 f281	
2699 SEVILLE BLVD. SUITE 209 CLEARWATER FL 33764	2699 SEVILLE BLVD. SUITE 209 CLEARWATER FL 33764							
				DO NOT WR	ITE IN THIS S	PACE		
·				3. Date Incorporated or Qualifed 10/23/1998				
2. Principal Place of Business	2a. Mailing Address			4, FEI Number			pplied For	
21	26	~	<del></del>	EIN 59-3540	90Y		lot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				<del></del>		Additional	
22	27			5. Certificate of Status Desired	حوا		Reguired	ļ
City & State	City & State	-		6. Election Campaign Financing		\$5.00	May Be	
23	28			Trust Fund Contribution			to Fees	
Zip Country	Zip	Countr	у	8. This corporation owes the cur	rent year Intai	ngible		
24 25	29 30	<u>l`                                    </u>		Personal Property Tax.		☐ Yes	<b>⊠</b> No	
9. Name and Address of Current i	Registered Agent		<del> </del>	10. Name and Address of New	Registered A	gent		
CZUDOWCKI TOM		8	Name				1	
CZUPOWSKI, TOM		83	Street Addr	ess (P.O. Box Number is Not Accept	able)			
11300 4TH ST. N. SUITE 180 St. Petersburg FL 33716								
SI. FEIENSBURG FE 337 IO		8:	3				ļ	
		84	City			85 Zip	Code	
					<u> </u>	1		
<ol> <li>Pursuant to the provisions of Sections 607,0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	and <u>607,1508, Florida Statutes.</u> Florida. Such change was authons of, Section 607.0505, Florida	the abor orized by Statute	ve <u>-named corp</u> y the corporations.	o <u>ration_submits_this_state</u> ment_for_the on's board of directors. I hereby acce	purpose.of.c	hanging.its ment as re	agistered	: <u>-</u>
SIGNATURE					•		}	
Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	gistered Age	ent signature required	when reinstating)	DATE			6
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF				Š
THE MESICENT	☐ DELETE	1.1 TITLE				Change	Addition	3
NAME W. PROLOPECT	רוא		j				J	Š
STREET ADDRESS 269 560 III BIJG	ほかえ コフムレ	1.3 STREE	TADDRESS				ĺ	į
CITY-ST-ZIP CLCHAWATEL	JX 77161	1.4 C/TY-	ST-ZIP		•			į
TIME Vice (resulty)	☐ DELETE	2.1 TITLE				Change	☐ Addition	`
NAME Norm Hale	40	2.2 NAME						
STREET ADDRESS 605 3 0 100000000000000000000000000000000	73606		ET ADDRESS				1	
CITY-ST-ZIP Cample	V	2. 4 CITY-	ST-ZIP			C7 01	Addition	
Treasurer	O >	3.1 TITLE		•		Change	Addition	
NAME Tom Carrollow	SL 1001	3.2 NAME		<u></u>				
STREET ADDRESS 150	M 1001		ET ADDRESS				. ,	
CITY ST-ZIP AL SUBSULING J.	Z 77/6 □ DÉLETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Addition	
TITLE V	- October					Clange	[_] Addition	
NAME		4, 2 NAME	i				ļ	
STREET ADDRESS			ET ADORESS				1	
CITY ST-ZIP	☐ DELETE	5,1 TITLE	S1-ZIP	·	<del></del>	Change	Addition	
NAME .		5.2 NAME.		·.				
'.			ET ADDRESS	•				
STREET ADDRESS		5.4 CITY-1						
CITY-ST-ZIP	☐ DELETE	6.1 TITLE				[] Change	Addition	
NAME .		6.2 NAME						
STREET ADDRESS			TADORESS					
CITY-ST-ZIP		6.4 CITY-1	1					
VII. 01 W				··				

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 or an attachment with an address, with all grow like empowered.

SIGNATURE: