

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

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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S18115 (3)  
1. Corporation Name  
VENDO, INC.

Principal Place of Business  
10396 SUNSTREAM LANE  
BOCA RATON FL 33428

Mailing Address  
10396 SUNSTREAM LANE  
BOCA RATON FL 33428-4229



2. Principal Place of Business 21 21480 HALSTEAD DR. Suite, Apt. #, etc.		2a. Mailing Address 26 21480 HALSTEAD DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/05/1990	3a. Date of Last Report 04/23/1996
22 City & State 23 BOCA RATON, FL.		27 City & State 28 BOCA RATON, FL.		4. FEI Number 65-0241793	Applied For Not Applicable
24 33428		25 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 33428		27 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28 33428		29 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHWARTZ, STEVEN 10396 SUNSTREAM LANE BOCA RATON FL 33428		10. Name and Address of New Registered Agent 81 Name SCHWARTZ, STEVEN 82 Street Address (P.O. Box Number is Not Acceptable) 21480 HALSTEAD DR. 83 84 City BOCA RATON, FL 85 Zip Code 33428	
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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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, KAREN 10396 SUNSTREAM LANE BOCA RATON FL 33428 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21480 HALSTEAD DR. BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARTZ, STEVEN 10396 SUNSTREAM LANE BOCA RATON FL 33428 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21480 HALSTEAD DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address.

SIGNATURE:  STEVEN SCHWARTZ 4/8/97 561-852-4314

CR2E034 (9/96)