

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 10:19

DOCUMENT # S44485 (8)
1. Corporation Name
VANDERPOL ENTERPRISES, INC.

Principal Place of Business Mailing Address
**255 TANGELO WAY 255 TANGELO WAY
KISSIMMEE FL 34743 KISSIMMEE FL 34743**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite Apt #, etc Suite, Apt #, etc
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/08/1991 07/19/1994
4. FEI Number Applied For
59-3065972 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for interest on under a 125,000 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VANDERPOL, MARLENE
255 TANGELO WAY
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VANDER POL, MARK
STREET ADDRESS	2434 PINE CHASE CIR
CITY - ST - ZIP	ST CLOUD FL
TITLE	S
NAME	VANDER POL, DOUGLES
STREET ADDRESS	255 TANGELO WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mark Vanderpol 6-1-95 (407) 957-2744
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Section 119.07)

CR2E034 (3/95)