FILE	NOW: FIL	ING FEE AF	TER MAY 1ST IS	\$550.00	_ FILE	ED
	PROFIT PORATION		FLORIDA DEPARTA		Apr 24 199	8.8:00am
	JAL REPORT		Sandra B. I		-	
Î	1998 DIVISION OF CORPC			Secretary	of State	
1. Corporation		VO4796 GROUP, INC.	(1)			
Principal Place	e of Business		Mailing Address			(19)1 G(G() \$1811 \$1911 A1211 1941
6708 LONE OAK BLVD 6708 LONE OAK BLVD NAPLES FL 34109 NAPLES FL 34109						
US US					DO NOT WRITE IN TH	IS SPACE
					 Date Incorporated or Qualified 01/02/1992 	
	lace of Business	^ O	2a. Mailing Address	00. 8	4 FEI Number	Applied For
21 6 C Suite, Apt.	36 LONE	OAK BLUD	26 6706 Low	E CAK DO	O 65-0307385	Not Applicable \$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
City & State	PLES	FL	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 34 1	09 25	ountry U.S	29 34109 3	Country US	This corporation owes or has paid the Personal Property Tax due June 30	current year Intangible X Yes No
	9. Name and	ddress of Current I			10. Name and Address of New Register	ed Agent
	n, stoller				NAW STOLLER	
	10 LONE OAK B EY OAK BUILDII			82 Street Add	TOG LONE OAK	BLVD
	PLES FL 34109	70		83	100 20.	
				84 City A	A PLES F	L 85 Zip Code
11. Pursuant	to the provisions o	Sections 607.0502	and 607,1508, Florida Statutes		rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
office or ri	egistered agent, o m familier with, an	r both, in the State of d accept the principali	Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corpora da Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	CALL STREET		<u> </u>		4/17	
12.	Signature, typed or print	OFFICERS AND		Registered Agent signature request 13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TOTLE		Change Addition
NAME	Martin, Dan			1.2 NAME	701 /015 0011 01110	•
STREET ADDRESS	6708 LONE (DAK BLVD			5706 LONE OAK BLUD JAPLES FL 3410	٦9
CITY-ST-ZIP TITLE	NAPLES FL D		DELETE	1.4 CHY-ST-ZIP A	SHPLES FR STIC	Change Addition
NAME	STOLLER, IV	N.		22 NAME		X -
STREET ADDRESS	6708 LONE (0706 LONE OAK BLN	۵
CITY-ST-ZIP	NAPLES FL				NAPLES FL 3411	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE	1	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP			DELETE	4.4 CITY - ST - ZiP		Change Addition
TITLE	1		1 1 1 1 1 1 1 1 1 1	5.1 TITLE		L DIREIDE L MUDICION

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 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 on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: X

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

941-597-7555

☐ Change

☐ Addition