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

Mailing Address

P.O. BOX 810967

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V05500

1. Corporation Name

Principal Place of Business

2500 N. MILITARY TRAIL

THE VANGUARD CORPORATION OF AMERICA

SUITE 475		BOCA RATON FL 33481-0967	,		DO NOT WRITE	IN THIS SE	PACE	
BOCA RATON FL 33431 US US					3. Date Incorporated or Qualifed 01/08/1992			
2. Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Number	-	Ap	plied For
21		26			65-0303639		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired - [	<b>3</b>	\$8.75 Additional Fee Required		
City & State	9	City & State		-1-11	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added (	• ,
Zip 24	Country 25	Zip 3	Country	<i>'</i> .	This corporation owes the current Personal Property Tax.		jible Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Reg	jistered Ag	ent	
			81	Name	· ·		•	
KRUGMAN, RICHARD S. M			82	Stroot Ar	dress (P.O. Box Number is Not Acceptable	a)		
2500 N. MILITARY TRAIL			02	- Olicerae	adiess (1.0. Box Halliot to Hat Adoption			
SUITE 475			83	3		— ·		
BOCA RATON FL 33431			84	City		<del></del>	85 Zip (	Code
			-	1 3,		FL		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	honzed DV	the comora	orporation submits this statement for the pu ation's board of directors. I hereby accept the	rpose of cha he appointm	anging its nent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	AND Y N (NOTE: D	la mintage d Ama	nt signatura regu	uired when reinstating)	DATE		——-
43		ID DIRECTORS	13.	in signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	CEO CEO	□ DELETE	1.1 TITLE		ADDITIONAL PROPERTY OF THE STATE OF THE STAT		Change	Addition
NAME	KRUGMAN, RICHARD S. M	_	1.2 NAME					
STREET ADDRESS	2500 N. MILITARY TRAIL, STE	475	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-5	ST-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	GIORDANO, TAMARA B.		2.2 NAME					
STREET ADDRESS	2500 N. MILITARY TRAIL, STE	475	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CiTY-	ST-ZIP	in the second of			` e
TITLE		☐ DELETE	3.1 TITLE			[	_ Change	Addition
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	4.1 TITLE		,	Ε	] Change	☐ Addition
NAME ·			4. 2 NAME	:				
STREET ADDRESS		•	4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	<del></del> .:	☐ DELETE	5.1 TITLE		3	[	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-1				7.04	
TITLE		☐ DELETÉ	6.1 TITLE			[	_ Change	Addition
NAME		,	6.2 NAME					İ
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	<u> </u>			

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 13/16 chapter 607, or on an attachment of the corporation of the receiver or trustee empowered.

**SIGNATURE** 

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90095 006 \*\*\*158.75