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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V31937

(8)

V.F. DUNES, INC.

Principal Place	e of Business	Mailing Address						 	MANA CHEM DIO	AL DIAM LOS	
7777 GLADES RD. SUITE 300 BOCA RATON FL 33434		7777 GLADES RD. SUITE 300							. 1		
BOCA HATON	FL 33434	BOCA RATON FL 33434-	4180		é		s. Date Incorporated or Qualified 04/28/1992		of Last		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	<u>V</u>		Applied For	
- -	rd & Cassel	Borad & Cassel					65-0327641			lot Applicable	
Suite. Apt.		Suite, Apt. #, etc.						\$8.75	Additional		
22		27				5. Certificate of Status Desired	لسا	Fee F	Pequired		
City & State	9	City & State				6. Election Campaign Financing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$5.00	May Be		
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip	├─ ┐				a. This corporation has liability for		tax under	в. 199.032,	
24	25 29		30			·	Florida Statutes Yes No				
P	g. Name and Address of Curren	i Registered Agent			· · · · · ·		10. Name and Address of New Re	gistered .	Agent		
DEL	JTCH, JEFFREY A			81	Name	9				,	
777	7 GLADES RD		82 Street Add			t Addre	ss (P.O. Box Number is Not Acceptal	ole)			
	300							······			
BOO	CA RATON FL 33434			63			-				
				84	City			FL	85 Zip	Code	
11. Pursuant l	to the provisions of Sections 607.050	2 and 607.1508, Florida State	ites, the a	bove	e-name	d corpo	ration submits this statement for the p	ourpose of	changing	its registered	
office or n	to the provisions of Sections 607.0503 egistered agent, or both, in the State rn familiar with, and accept the oblige	of Florida. Such change was itions of. Section 607.0505. F	authorize Iorida Sta	d by tutes	y the co s.	rporatio	n's board of directors. I hereby acce	of the app	ointment a	s registered	
SIGNATURE					_						
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registere	d Age	ent signatu	re required	when reinstating)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE	PSD DELETE		1.1 T	1.1 TITLE				-	Change	Addition	
NAME	POMERANTZ, SAUL		1.2 N	AME			•				
STREET ADDRESS	8600 DECARIE BLVD, STE 200		1.3 \$1			•					
CITY-ST-ZIP	TOWN OF MOUNT ROYAL QC		1.4 0	ITY-S	T-ZIP			******************************	- 		
TITLE	VASD	☐ ØELETE	2.1 TITL				L_J Ch		Change	Addition	
NAME	POMERANTZ, TERRY		2.2 N	AME							
STREET ADDRESS	8600 DECARIE BLVD, STE 200		2.3 \$	TREET	ADDRESS	;					
CITY - ST - ZIP	TOWN OF MOUNT ROYAL QC				ST-ZIP						
TITLE	TVD	DELETE	3.1 T						L. Change	Addition	
NAME	GATTINGER, FRANKLIN J.		3.2 N		:						
STREET ADDRESS	8600 DECARIE BLVD, SUITE 2		3.3 \$	TAEET	ADDRESS	; [
CITY-ST-ZIP	TOWN OF MOUNT ROYAL QC				ST-21P		<u> </u>			1.2.00	
TITLE		DELETE	4.1 T						Change	Addition	
NAME				VAME				•	(* K.	10161	
STREET ADDRESS	•		4.3 STREET ADDR			;			\cup $\mathfrak{i}\mathfrak{i}$	10/19/1	
CITY-ST-ZIP	10		4.4 CITY-ST-ZIF 5.1 TITLE					***************************************	Chan	Addition	
TITLE		☐ DELETE							L Change	Audition	
NAME			5.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		☐ DELEYE			ST - Z#P	-			☐ Change	Addition	
THELE		□ herete	6.1 1			1	80000213	197	1 🛱	E MUNICION	
NAME			6.2 N				80000213 -04/10/97010 ***165.00	กัรีก	17		
STREET ADDRESS			6.3 S	TREET	ADDRESS	[,] [###165 AU	J- U	- '		

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:

Franklin J. Gattinger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D April 1, 1997 (514)341-8600

FILED

Apr 09 1997 8:00am

Secretary of State