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0006155

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90221 012 \*\*\*150.00

DOCUMENT # V49831

1. Corporation Name  
ANDERSON-VOGEL, INC.

Principal Place of Business

105 E. DESOTO STREET  
PENSACOLA FL 32501  
US

Mailing Address

105 E. DESOTO STREET  
PENSACOLA FL 32501  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1992

2. Principal Place of Business

21 1900 S. OCEAN BLVD.

2a. Mailing Address

26 1900 S. OCEAN BLVD

4. FEI Number

65-0342865

Applied For

Not Applicable

Suite, Apt. #, etc.

22 LA

Suite, Apt. #, etc.

27 LA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 POMPANO BEACH FL

City & State

28 POMPANO BEACH FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Zip Country

24 33062 25 US

Zip Country

29 33062 30 US

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON-VOGEL, MELISSA  
105 E DESOTO STREET  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name MELISSA ANDERSON-VOGEL

82 Street Address (P.O. Box Number is Not Acceptable)  
1900 S. OCEAN BLVD. #LA

83

84 City POMPANO BEACH FL 85 Zip Code 33062

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 MELISSA ANDERSON-VOGEL  
Signature, typed or printed name of registered agent and title if applicable.

Melissa Anderson-Vogel  
(NOTE: Registered Agent signature required when reappointing)

4-20-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ANDERSON-VOGEL, MELISSA  
STREET ADDRESS 105 E DESOTO STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME ANDERSON-VOGEL, MELISSA  
1.3 STREET ADDRESS 1900 S. OCEAN BLVD #LA  
1.4 CITY-ST-ZIP POMPANO BEACH FL 33062

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA ANDERSON-VOGEL 4-20-99 516-361-7255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)