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

FILED PROFIT Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) VIGOR ENTERPRISES, INC. Principal Place of Business Mailing Address 3333 HENDERSON BOULEVARD P. O. BOX 10984 **TAMPA FL 33679** SUITE 140 DO NOT WRITE IN THIS SPACE TAMPA FL 33609 3. Date Incorporated or Qualified 09/30/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. Box 320494 26 <u>59-3143905</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMPA 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 30 Personal Property Tax due June 30. 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **Camero**n, Kevin A 3333 HENDERSON BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 140 B3** TAMPA FL 33609 84 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 POT DELETE Change ___ Addition 1.1 TITLE TITLE CAMERON, KEVIN NAME 1.2 NAME \$333 HENDERSON BLVD., STE. 140 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ANDO, CARMEN S. NAME **2.2 NAME** 3697-42ND WAY SO. #60A STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-Z# 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4.2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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. Amakon 4/0/00 2128764639

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP