

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V72426** (2)

1. Corporation Name

VANEUGENE CORPORATION



Principal Place of Business

**1430 GLEN HAVEN DR.
MERRITT ISLAND FL 32952**

Mailing Address

**1430 GLEN HAVEN DR.
MERRITT ISLAND FL 32952**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3150536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**SHOEMAKER, JOHN B.
505 N. ORLANDO AVE.
COCOA BEACH FL 32932**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 the filer (if applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PD
BERREY, JEFF
1430 GLEN HAVEN DR.
MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME
**VD
SIGMAN, STEVE
311 PATRICK CIRCLE
MELBOURNE FL**

TITLE ☐ DELETE

NAME
**SD
SIGMAN, WYN
311 PATRICK CIRCLE
MELBOURNE FL**

TITLE ☐ DELETE

NAME
**TD
BERREY, ANNA
1430 GLEN HAVEN DRIVE
MERRITT ISLAND FL**

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

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2. STREET ADDRESS

2. CITY - ST - ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS

3. CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS

5. CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS

6. CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jeff Berrey President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-96 407-452-9041
Date Day/Time Phone #

CR2E034 (12/95)