

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

APPROVED AND FILED

95 MAY -1 7:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L51190** (1)
1. Corporation Name
V.W.C. ENTERPRISES, INC.

Principal Place of Business: **3746 SILVERSTAR ROAD ORLANDO FL 32808 US**
Mailing Address: **3746 SILVERSTAR ROAD ORLANDO FL 32808 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1990**
3a. Date of Last Report: **02/03/1994**

4. FBI Number: **59-3000190**
Applied For: 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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**CONNIE L. PALAMA
801-E S. ORLANDO AVE.
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)
3746 Silver Star Rd.

B3

B4 City **Orlando** FL B5 Zip Code **32808**

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALAMA, DARRELL K.
STREET ADDRESS	801-E S. ORLANDO AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	VTD
NAME	PALAMA, CONNIE L.
STREET ADDRESS	801-E S. ORLANDO AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	S
NAME	DAVIS, L. IRENE
STREET ADDRESS	801-E S. ORLANDO AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3746 Silver Star Rd.
14 CITY - ST - ZIP	Orlando, FL 32808
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3746 Silver Star Rd.
24 CITY - ST - ZIP	Orlando, FL 32808
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	3746 Silver Star Rd.
34 CITY - ST - ZIP	Orlando, FL 32808
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:  **Darrell K. Palama, Pres.** 5/5/95 407-298-3350
Signature and typed or printed name of signing officer or director Date Phone Number