

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000001245 (9)**

1. Corporation Name
VRC-50 ASSOCIATION, INC.



Principal Place of Business Mailing Address
6910 WINDSTREAM TERRACE ORLANDO FL 32818

3. Date Incorporated or Qualified **03/09/1994** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

4. FEI Number **59-3269663** 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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAPLES, CLINT
6910 WINDSTREAM TERRACE
ORLANDO FL 32818**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DELETE
NAME **D DOW, GEORGE**
STREET ADDRESS **3856 50TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **DS BELANGER, EUGENE**
STREET ADDRESS **625 JULIUS STREET**
CITY-ST-ZIP **JEFFERSON LA**

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

TITLE DELETE
NAME **DCT STAPLES, CLINT**
STREET ADDRESS **6910 WINDSTREAM TERRACE**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME **D Richard D. Royle**
4.3 STREET ADDRESS **RR #1 Box 126-B**
4.4 CITY-ST-ZIP **Dow, IL 62022 SSN 333-38-2043**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **D Walter Mikowic**
5.3 STREET ADDRESS **717 CURTISS DR**
5.4 CITY-ST-ZIP **Raleigh, N.C. 27609**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clinton B. Staples* Date **5/1/96** Daytime Phone # **407-295-8428**

CR2E037 (12/95)