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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000043760

1. Corporation Name
VRC DAKOTA, INC.



Principal Place of Business
**127 JOHN SIMS PARKWAY
 VALPARAISO FL 32580**

Mailing Address
**127 JOHN SIMS PARKWAY
 VALPARAISO FL 32580**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1997

2. Principal Place of Business
21 128 JOHN SIMS PKWY.

2a. Mailing Address
26 P.O. BOX 8

4. FEI Number
59-3448716

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
23 VALPARAISO, FL

27 Suite, Apt. #, etc.
28 VALPARAISO, FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32580** 25

29 **32580** 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEDONCZAK, TERESA W
 127 JOHN SIMS PARKWAY
 VALPARAISO FL 32580**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
128 JOHN SIMS PKWY.

83

84 City
VALPARAISO

FL

85 Zip Code
32580

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 *Teresa W. Fedonczak V.P.*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/8/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD RILEY, JUDITH BYRNE**
 STREET ADDRESS **127 JOHN SIMS PARKWAY**
 CITY-ST-ZIP **VALPARAISO FL 32580**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **128 JOHN SIMS PKWY.**
 1.4 CITY-ST-ZIP **VALPARAISO, FL 32580**

TITLE DELETE
 NAME **VD RILEY, PATRICK E II**
 STREET ADDRESS **127 JOHN SIMS PARKWAY**
 CITY-ST-ZIP **VALPARAISO FL 32580**

2.1 TITLE Change Addition
 2.2 NAME **PATRICK E. BYRNE, II**
 2.3 STREET ADDRESS **128 JOHN SIMS PKWY.**
 2.4 CITY-ST-ZIP **VALPARAISO, FL 32580**

TITLE DELETE
 NAME **VSTD FEDONCZAK, TERESA W**
 STREET ADDRESS **127 JOHN SIMS PARKWAY**
 CITY-ST-ZIP **VALPARAISO FL 32580**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **128 JOHN SIMS PKWY.**
 3.4 CITY-ST-ZIP **VALPARAISO, FL 32580**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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: *Teresa W. Fedonczak* **TERESA W. FEDONCZAK-V.P.** **2/8/99** **850-678-7812**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)