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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(4)

VANCE I D S, INC.

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



1050 MILLER I ALTAMONTE S US	DRIVE Springs fl 32701	1050 MILLER DRIVE ALTAMONTE SPRINGS FL US	32701	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
6 Delmains Di	nee of Dysinees	2a. Mailing Address		05/05/1992 4. FEI Number	Applied Est
	ace of Business	L			Applied For
21 / 3 B 4 Suite, Apt. 4	2 Chancellon DR	26 7382 Char	ICEILOR DK	· 59-3120607	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	NOO, Fl	City & State 28 OR/ANDU	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32-80	Country 09 25 ORANGE	7ip 29 32809	Country ORANGE		Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
VANCE, MURRY A 1050 MILLER DR SUITE 301 ALTAMONTE SPRINGS FL 32701				VANCE, MURRY A Address (P.O. Box Number is Not Acceptable) 7382 Chancellor	>n
			84 City	OR IAWDO FL	2ip Code 3 2809
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.					
	MURRY A JANUS		Registered Agent signature	7 Ucan	7.98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1]ITLE	D	Change
NAME	VANCE, MURRY A		1.2 NAME	VANCE, MURRY A	_
STREET ADDRESS	6751 GADWELL LN		1.3 STREET ADDRESS	7381 114th Ave N. #41	D2-H
CITY+ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	LARGO, F1. 33773	
FITLE	D	DELETE	21 THLE		Change Addition
NAME	SMITH, ROBERT A		22 NAME		
STREET ADDRESS	82014 SW 60TH CT		2 3 STREET ADDRESS		
CITY-ST-ZIP	MAMIFL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITUE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	:	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP			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.