

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000058628 (3)

1. Corporation Name
FIRST VICKO INCORPORATED



Principal Place of Business: **7301 SOUTH DIXIE HIGHWAY W PALM BEACH FL 33405**
 Mailing Address: **7301 SOUTH DIXIE HIGHWAY W PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	CAPE VICKO	26		07/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	239 Sunny Isles Blvd	27		65-0765934	
City & State		City & State		Applied For	
23	No. MIAMI BEACH, FLA	28		<input checked="" type="checkbox"/> Not Applicable	
24	Zip	25	Country	5. Certificate of Status Desired	
		29		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMS, H B ESQ. 7301 SOUTH DIXIE HIGHWAY W PALM BEACH FL 33405				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELIAN, CHARLES MD	1.2 NAME	
STREET ADDRESS	429 EAST 52ND ST APT 29C	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINEREY, JOSEPH F	2.2 NAME	
STREET ADDRESS	251 ORANGE GROVE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	Secy AND TREASURY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN VICKO BAVERLIC	3.2 NAME	
STREET ADDRESS	CAPE VICKO, 239 Sunny Isles Blvd	3.3 STREET ADDRESS	
CITY-ST-ZIP	No. MIAMI BEACH, FLA 33160	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.

SIGNATURE: **Charles Celian MD.** **Apr 20, 1998 (212) 758-4654**

CP2E034 (10/97)