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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Sccretary of State

	1996										
DOCUI	MENT #	16442	24	(4)							
V J C	ORP.										
							1 18 8 21 19 8 14 8 17 18 18				
rincipal Place	of Business		Ma ling A	\odress							
C/O V. J. H	ARVEY		C/O V	. J. HARVEY							
5491 N.W. 2 BOCA RATO			5491 N	I.W. 23RD AVE. RATON FL 3349	^						
DOOR HATO	H I E 30430		DUCA	RAIUN FL 3349	ь		3. Date incorporated or	Qualified	!	te of Last F	
Principal Pla	ace of Business		2a. Mail:r	na Address			03/02/1951 4. FEE Number		. [) 4/06/19	95 Applied For
l			26				59-1587899				Not Applicab
- Suite, Apt 	#, elc.		F	, Apt. #, etc.			5. Certificate of Status D	esired	$\sqrt{}$	•	5 Additional
City & State	9		27 City 8	3 State			6. Election Campaign Fir	nancino	-/>		Required May Be
<u> L</u>			28				Trust Fund Contribution		<u>'</u> []		d to Fees
- Z p]	25	Dountry	Zip 29		Country		8. This corporation has li			ax under s	199.032
1		Address of Curr		Agent	[30]		Florida Statutes 10. Name and Address		□ No egistered	Agent	
					81	Name					
V. JAY I					82	Street Addre	ess (P.O. Box Number is Not	Acceptab	lε)		
	w. 23RD Ave. Aton FL 3349	•			83						
DOUA N	MION FL 3349	О									
										1 - -	p Code
lamilar wit	o the provisions o ed agent, or both, th, and accept the	f Sections 607.056 in the State of Flo obligations of, Se	02 and 607.1508 orida Such chang oction 607.0505,	8, Florida Statute ge was authorize Florida Statutes.	s, the above-ned by the corpo	City arned corpera bration's board	ation submits this statement f d of directors. Thereby accep	for the pur of the appx	FL pose of ch pintment as		
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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 open attachment with an address

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNATURE OF DIRECTOR

3/27/96 407-994-1179