

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 382349

(9)

1. Corporation Name

V.L.C. CORPORATION



Principal Place of Business

~~XXXX XXXXXX~~  
MIAMI FL 33137

Mailing Address

~~XXXX XXXXXX~~  
MIAMI FL 33137

2. Principal Place of Business

2a. Mailing Address

21 4500 SABAL PALM ROAD

26 4500 SABAL PALM ROAD

3. Date Incorporated or Qualified  
05/19/1971

3a. Date of Last Report  
03/20/1995

4. FEI Number

59-1355856

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONGER, EMERSON K.

~~XXXX XXXXXX~~  
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4500 SABAL PALM ROAD

83

84 City

FL

85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the above)

Signature of Registered Agent (if different from the above)

DATE

12. OFFICERS AND DIRECTORS

|          |      |                |               |          |      |                |               |
|----------|------|----------------|---------------|----------|------|----------------|---------------|
| 1. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP | 1. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 2. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP | 3. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 4. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP | 5. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 6. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP | 7. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 8. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP | 9. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 10. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 11. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 12. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 13. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 14. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 15. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 16. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 17. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 18. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 19. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
| 20. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 21. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|          |      |                |               |          |      |                |               |
|----------|------|----------------|---------------|----------|------|----------------|---------------|
| 1. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP | 1. TYPE  | NAME | STREET ADDRESS | CITY, ST, ZIP |
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| 20. TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP | 21. TYPE | NAME | STREET ADDRESS | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of name on an attachment with an address.

SIGNATURE: *Vada L. Conger, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
VADA L. CONGER, PRESIDENT

*2-21-96 1-305-571-7851*  
DATE  
Office Phone

CR2E034 (12/95)