

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **438283** (4)

1. Corporation Name
VIP REFERRAL GROUP, INC.



Principal Place of Business
**12800 UNIVERSITY DR
SUITE 350
FORT MYERS FL 33907-5343
US**

Mailing Address
**12800 UNIVERSITY DR
SUITE 350
FORT MYERS FL 33907-5343
US**

3. Date Incorporated or Qualified **10/16/1973** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 13131 University Drive 2a. Mailing Address
26 13131 University Drive

4. FEI Number **59-1493955** Applied For Not Applicable

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

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

City & State **23 Fort Myers, FL** 28. **Fort Myers, FL**

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

Zip **24 33907** Country **25 US** Zip **29 33907** Country **30 US**

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

9. Name and Address of Current Registered Agent
**ASHBY, CHARLES C
12800 UNIVERSITY DR
SUITE 350
FT MYERS FL 33907**

10. Name and Address of New Registered Agent
**81 Name ASHBY, CHARLES C.
82 Street Address (P.O. Box Number is Not Acceptable)
83 13131 University Drive
84 City Fort Myers FL 85 Zip Code 33907**

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 **Charles C. Ashby** Date **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, JOSEPH J	
STREET ADDRESS	12800 UNIVERSITY DR. #350	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASHBY, CHARLES A.	
STREET ADDRESS	12800 UNIVERSITY DR #350	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA A. KEMP	
STREET ADDRESS	13131 UNIVERSITY DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, CHARLES C.	
STREET ADDRESS	13131 UNIVERSITY DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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***200.00

5-1-96 or

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 changed, or on an attachment with an address

SIGNATURE: **X Charles C. Ashby** CHARLES C. ASHBY 4-29-96 (941) 489-1100

CR2E034 (12/95)