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

**PROFIT CORPORATION** ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

438283

(4)

VIP REFERRAL GROUP, INC.

**FILED** Apr 14 1998 8:00am Secretary of State



|  |  | · · · · · · · · · · · · · · · · · · · |   |   |   |   |
|--|--|---------------------------------------|---|---|---|---|
| Principal Place of Business Mailing Address  |  |                                       |   |   |   |   |
| 13131 UNIVER<br>FORT MYERS   |  |                                       | 13131 UNIVERSITY DR.<br>FORT MYERS FL 33907 |   |   |   |
| US   | 11 0000  | US                                    |   |   |   | DO NOT WRITE IN THIS SPACE  |
|  |  |                                       |   |   |   | 3. Date Incorporated or Qualified   |
| e Principal Pi   | lace of Business                               | 2a, Mailing Add                       | trace                                       |   |   | 10/16/1973<br>4. FEI Number Applied For   |
| 21 21  | lace of business                               | 26. Walling Add                       | <u> </u>                                    |   |   | 59-1493955 Not Applicable   |
| Suite, Apt. #, etc.  |  |                                       | Suite, Apt #, etc.                          |   |   | SR 75 Additional  |
| 22   |  | 27                                    | 7   |   |   | 5. Certificate of Status Desired Fee Required   |
| City & State   |  | City & State                          | City & State                                |   |   | 6. Election Campaign Financing \$5.00 May Be  |
| 23   |  | 28                                    |   |   |   | Trust Fund Contribution   |
| Žip  | <u> </u>                                       |                                       | untry                                       |   | This corporation owes or has pald the current year Intangible     Personal Property Tax due June 30. Yes No |   |
| 24   | 25 29 29 29 29 29 29 29 29 29 29 29 29 29      |                                       |   | 30  |   | Personal Property Tax due June 30. Yes I No  10. Name and Address of New Registered Agent |
| ACL  |  |                                       |   | 81  | Name  |   |
| ASHBY, CHARLES C<br>13131 UNIVERSITY DR.   |  |                                       |   | B2 Street Address (P.O. Box Number is Not Acceptable) |   |   |
|  | MYERS FL 33907                                 |                                       |   | bz Street Adi   |   | duless (F.O. Box Number is Not Acceptable)  |
|  |  |                                       |   | <b>B3</b>   |   |   |
|  |  |                                       |   | 84  | City  | FL 85 Zip Code  |
| 11. Pursuant   | to the provisions of Sections 607.0            | 0502 and 607.1508, Flor               | rida Statutes, the a                        | bove  | a-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  |  |                                       |   |   |   |   |
| OIGHATORE  | Signature, typed or printed name of registered | . <del></del>                         | (NOTE Registere                             | ed Age  | nt signature r  | equired when reinstating) DATE  |
| 12.  |  | AND DIRECTORS                         | 13.   |   | <del></del>   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition                        |
| TITLE  | VP   | Цι                                    | DELETE 1.1 T                                |   | 1   | Change Addition   |
| NAME<br>STREET ADDRESS   | KEMP, PATRICIA A<br>13131 UNIVERSITY DR.       |                                       |   | IAME  | ADDRESS   |   |
| CITY-ST-ZIP  | FT MYERS FL 33907                              |                                       |   | CITY-S  | 1   |   |
| TITLE  | PD   | 1                                     | DELETE 2.1 T                                |   | <del></del>   | Change Addition   |
| NAME   | ASHBY, CHARLES A.                              |                                       | 2.21  | IAME  |   |   |
| STREET ADDRESS   | 13131 UNIVERSITY DR.                           |                                       | 2.3 9                                       | STREET  | ADDRESS   |   |
| _CITY-ST-ZIP   | FT. MYERS FL 33907                             |                                       |   | CITY-S  | ST-ZIP  |   |
| MILE   |  | ∐ f                                   | DELETE 3.1 T                                |   |   | Change Addition   |
| NAME   |  |                                       |   | 3MAN  |   |   |
| STREET ADDRESS   |  |                                       |   |   | ADDRESS   |   |
| CITY-ST-ZIP<br>TITLE   |  | <b>ГП</b> г                           | 3.4, DELETE 4.13                            |   | ST-ZIP  | ☐ Change ☐ Addition   |
| NAME   |  | ٠.                                    |   | NAME  |   | · · · · · · · · · · · · · · · · · · ·   |
| STREET ADDRESS   |  |                                       |   |   | ADDRESS   |   |
| CITY-ST-ZIP  |  |                                       |   | CITY-\$   |   |   |
| TITLE  |  |                                       | DELETE 5.11                                 |   |   | ☐ Change ☐ Addition   |
| NAME   |  |                                       | 5.2 f                                       | NAME  |   |   |
| STREET ADDRESS   |  |                                       | 5.3 \$                                      | TREET   | ADORESS   |   |
| CITY-ST-ZIP  |  |                                       |   | CITY-S  | T-21P   | There I base  |
| TITLE  |  | ا ل                                   |   | ITLE  |   | ☐ Change ☐ Addition   |
| NAME<br>OTREET ADDRESS   |  |                                       |   | NAME  | ADDOCCO   |   |
| STREET ADDRESS   |  |                                       |   |   | ADDRESS   |   |
| 14. I hereby o   | t<br>certify that the information supplied     | with this filing does no              | t qualify for the ex                        | cemp  | tion state  | d 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.  |  |                                       |   |   |   |   |

Charles C. Ashby

3/20/98