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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name

686660

(2)

VBS CORPORATION

Principal Place of Business Mailing Address W MICHAEL BRINKLEY W MICHAEL BRINKLEY							
200 E LAS O	LAS BLVD. STE 1800	200 E. LAS	OLAS BLVD S				
FORT LAUDERDALE FL 33301 US		rom taub	FORT LAUDERDALE FL 33301		 Date Incorporated or Qualified 09/05/1980 	3a. Date of La 04/07	
2. Principal Pla	ace of Business	2a. Mailing Ad	dress		4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	1 1 7	3.75 Additional Fee Required
City & State	}	City & Stat	te		6. Election Campaign Financing	\$	5.00 May Be
23] <i>Z</i> (p)	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax unx	Added to Fees der s 199.032,
24	25	29	30	<u> </u>		No No	
	g. Name and Address of Cu	rrent Hegistered Ager	10	81 Name	10. Name and Address of New I	vedistaten võet	ır.
200 E. L Suite 18					dress (P.O. Box Number is Not Accepta	błe)	
, FORT LA	AUDERDALE FL 33301			84 City		FL 85	Zip Code
11. Pursuant to	to the provisions of Sections 607.0	0502 and 607.1508. Flo	rida Statutes, th	ne above-named corp	oration submits this statement for the pu		g its registered office
or registere	ed agent, or both, in the State of th, and accept the obligations of,	Florida. Such change wa	as authorized b	y the corporation's bo	ard of directors. I hereby accept the app	pointment as regis	tered agent. I am
SIGNATURE _	Stiphature, typed or printed name of registered	auent and trie if and/cable	(NOTE: Fie	gistered Agent signature requi	ired when reinstating)	DATE	
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRI	ECTORS IN 12
TIT: F	DP)ELETE	1. 1 THLE		☐ Ch	ange 🔲 Addition
NAME	BRINKLEY, W MICHAEL			1.2 NAME			
STHEET ADDRESS	200 E. LAS OLAS BV.#10	300		1.3 STREET ADDRESS			
CHY-S1-ZIP	FT. LAUDERDALE FL			1.4 CITY - ST - ZIP		F3.0	The Authority
THE			DELETE	2 1 TITLE		☐ Ch	ange
NAM ₁				2 2 NAME			
SIRELL ADDRESS				2 3 STREET ADDRESS			
C-1Y-ST-ZiP			יני נינ	2.4 CITY-ST-ZIP		Ch	ange Addition
TITLE		Ĺ	DELETE	3 1 TITLE			Bride T Manifoli
NAME				3.2 NAME			
STHEFT ADDRESS				3 3 STREET ADDRESS			
CITY - S1 - 7IP		———————	DELETE	3 4 CITY - ST - ZIP 4. 1 TITLE			ange Addition
NAME				4.2 NAME	0000017 -03/06/9601	1871 E.C. 1880 - 1880	J -
STREET ADDRESS				4.3 STREET ADDRESS	***200,00	1034005	•
CITY-ST-ZIF				4.4 CITY-ST-ZIP	***************************************		
TILLE			DELETE	5 1 TITLE		☐ Ch	nange
NAME				5 2 NAME			
STREET ADDRESS				5 3 STREET ADDRESS			\
C(1Y-S1-7)F		* av 3a:-		54 CITY-ST-ZIP			10/ 10/
10111			DELETE	6 1 TITLE		CH	ange Aldition
NAME				6 2 NAME			OKIA
STREET ADDRESS				6 3 STREET ADDRESS			1/2-1/2
City - St - 7iP	Land for that the information	diad with this files is real	untarily furnishs	5 4 CITY-ST-ZIP	y for the exemption stated in Section 11	0.07/3/k) Elorida	Statutes I further
certify that oath; that	it the information indicated on this I am an officer or director of the c	annual report or supple corporation or the receiv	mental annual r er or trustee en	enort is true and accu	y for the exemption stated in Section 11 trate and that my signature shall have th this report as required by Chapter 607, I	e same legal ettec	it as it made under
appears in	n Block 12 or Block 13 if changed	l, or on an attachment v	vith an address.	0			
SIGNAT	TURE: WMics		very ,	yres	February 6, 1		4-522-2200
	SIGNATURE AND TYP	ED OF PRINTED NAME OF SELL BRINKLEY.	gning officer of Presider	DIRECTOR	Date	Deytimo	Phone #