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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002891 (0)

23212 MILL CREEK DRIVE

LAGUNA HILLS CA 92653

VHI, INC.

Principal Place of Business Mailing Address 23212 MILL CREEK DRIVE 23212 MILL CREEK DRIVE LAGUNA HILLS CA 92653 LAGUNA HILLS CA 92653				617					
						3. Date Incorporated or Qualified 06/22/1993	3a. Date 04/19	of Last Report	
2. Principal Place of Business 2a. Mailing Address			s		,	4. FEI Number	Applied For		
21		26				33-0433235		Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.			5. Certificate of Status Desired		\$8.75 Addition Fee Required	
City & Stat 23	е	City & State	├ ┐ ′			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntangible ta	x under s. 199.0	.032,
24	25	29	30				Yes 🗌		
Name and Address of Current Registered Agent					Name	10. Name and Address of New Re	gistered Ag	ent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable) 83					
				64	City		FL	85 Zip Code	
office or r	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	State of Florida, Such change	e was authorize	d by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chot the appoin	nanging its regis ntment as regist	istered tered
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable	(NOTE: Register	ed Age	nt signature requi	ired when reinstating)	DATE.		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DPS	☐ DELE	TE 1.1 1	1.1 TITLE				Change	Addition
NAME	FRASER, ROY I			1.2 NAME					
STREET ADORESS 23212 MILL CREEK DRIVE				1.3 STREET ADDRESS					
CITY-ST-ZIP	LAGUNA HILLS CA 92653	.	1.4 (HY-\$	T - ZIP				
TITLE	AS	☐ DELE	TE 2.1 1	ITLE				Change	Addition
NAME	PRESLEY, JUANITA		2.2)	AME					

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental among 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 direction of the corporation or the receiver or trystee 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 area chapter.

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY - ST-7IP

CITY - ST - ZIP

TITLE

NAVé

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

📗 Juanita Presley

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

34. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

(714) 770-0225

Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

Jan 28 1997 8:00am

Secretary of State