

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002896 (9)**

1. Corporation Name
V.I.P. INV., INC.



Principal Place of Business: **201E PINE ST. SUITE 1200 ORLANDO FL 32801**
Mailing Address: **201E PINE ST. SUITE 1200 ORLANDO FL 32801**

3. Date Incorporated or Qualified 06/22/1993	3a. Date of Last Report 02/22/1995
4. FEI Number 59-3186324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
DPST	CARROLL, PATTI	201 EAST PINE STREET, SUITE 1200	ORLANDO FL 32801	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *Patti Carroll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patti Carroll
2-20-96
407-678-6000

CR2E034 (12/95)