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

PROFIT\_9 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90052 004 \*\*\*150.00

DOCUMENT #	F93000005593
1. Corporation Name	· · · · <del>-</del>

VMS PROPERTIES, INC.

Principal	Place of Rusiness

Mailing Address



2035 MILLBRUC RALEIGH NC 27		RALEIGH NC 27604					·		
						DO NOT WRITE IN	THIS SPACE		
						Date Incorporated or Qualifed		j.	
						12/09/1993			
2. Principal Pi	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For	
21		26				56-1403644		Not Applicable	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional	
22		27				5. Certifcate of Status Desired	Fee	Required	
City & State	е	City &	State			6, Election Campaign Financing	\$5.0	O May Be	
23		28	18			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Zip Coun			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of Currer	nt Registered A	gent			10. Name and Address of New Registe	ered Agent		
				. ∫ €	1 Name			(	
	PRENTICE-HALL CORPORATION	n system, in	C.	l <sub>a</sub>	2 Street	Address (P.O. Box Number is Not Acceptable)			
1201	HAYS STREET			,	82 Street Address (P.O. Box Number is Not Acceptable)				
SUIT	E 105			18	3				
TALL	AHASSEE FL 32301			-	_}				
				8	4 City		FL  85   Zi	p Code	
44 Burguant	to the provinions of Sections 607.060	2 and 607 1509	Florida Statutes	the abo	we-named	corporation submits this statement for the purpo	se of changing	its registered	
office or r	egistered agent, or both, in the State	of Florida, Suci	n change was auti	horized (	y the corp	oration's board of directors. I hereby accept the	appointment as	registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section	n 607.0505, Florid	ia Statut	es.			j	
SIGNATURE						required when reinstating) DA	re	\	
	Signature, typed or printed name of registered age			<u> </u>	gent signature	required when reinstating) DA  ADDITIONS/CHANGES TO OFFICER	<del></del>	TORS IN 12	
12.		ID DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO GETTICE!	☐ Chang		
TITLE	PV		C) bergie	1.1 TITL		Ì			
NAME	SLOAN, O T JR			1.2 NAM		<b>{</b>		-	
STREET ADDRESS	2635 MILLBROOK RD.		1.3 ST		ET ADDRESS				
CITY-ST-ZIP	RALEIGH NC 27604			1.4 CITY		<u> </u>			
TITLE	VTD		DELETE	2.1 TITL	₹	TREASURER	Chang	ie	
NAME	gardner, John W			2.2 NAM	É	RICHARD B. GUIRLING	e e	)	
STREET ADDRESS	2635 MILLBROOK RD.			2.3 STR	ET ADDRESS			Į	
CITY-ST-ZIP	RALEIGH NC 27604			2. 4 CIT	-ST-ZIP	SAME			
TITLE	S		☐ DELETE	3.1 TITL	<u> </u>		Chang	e Addition	
NAME	GARRISON, CHARLES E			3.2 NAM	E			Į	
STREET ADDRESS	2635 MILLBROOK RD.			3.3 STR	ET ADDRESS	·		{	
CITY-ST-ZIP	RALEIGH NC 27604			1	-ST-ZIP	j		ļ	
TITLE	10122141110 21001		DELETE	4.1 TITL		V.P.	☐ Chang	e Addition	
NAME				4. 2 NAN	Œ	BILL KUYKENDALL 2635MILLBROOK AD. RALLIGH, NC 27609		1	
STREET ADDRESS					ET ADDRESS	2635 MILLBROOK AD.		Ì	
				1	-ST-ZIP	RAILING NG 27609	_		
CITY-ST-ZIP	<del></del>		DELETE	5.1 TITL		1416161, 142 07 007	Chang	e Addition	
TITLE				5.1 HTL		1		' ''''	
NAME				1		. 1			
STREET ADDRESS					ET ADDRESS	"(	· <del>-</del> ·	1	
CITY-ST-ZIP	<u> </u>			5.4 CITY		<del> </del>		Administra	
TITLE			□ D€LETE	6.1 TITL			Chang	je 🗌 Addition	
NAME				6.2 NAM				{	
STREET ADDRESS				6.3 STR	EET ADDRESS	1		}	

14. I 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 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 a attachment with an address, with all other like empowered.

CHARLES E. CARRISON

SIGNATURE:

SECRETARY