

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G36552 (9)**

**1. Corporation Name**  
**V.R.S. ENTERPRISES, INC.**



<b>Principal Place of Business</b> % VINCENT J. REED 317 NORTH MAPLE AVE LEHIGH ACRES FL 33936	<b>Mailing Address</b> % VINCENT J. REED 317 NORTH MAPLE AVE LEHIGH ACRES FL 33936
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 05/02/1983	<b>3a. Date of Last Report</b> 03/16/1995
<b>21</b> Suite, Apt #, etc	<b>26</b> Suite, Apt #, etc			<b>4. FEI Number</b> 59-2319924	Applied For Not Applicable
<b>22</b> City & State	<b>27</b> City & State			<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip			<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country			<b>8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>REED, VINCENT J.</b> <b>317 NORTH MAPLE AVE</b> <b>LEHIGH ACRES FL 33936</b>				<b>81</b> Name	
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
				<b>83</b>	
				<b>84</b> City	<b>FL 85</b> Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>VD</b> <b>REED, VINCENT J</b> <b>317 N MAPLE AVE</b> <b>LEHIGH ACRES FL</b>	11 TITLE	<b>D,</b> <b>REED, VINCENT J.</b> <b>317 N MAPLE AVE</b> <b>LEHIGH ACRES, FL. 33972</b>
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	<b>TSP</b> <b>REED, KATHERINE L</b> <b>57 TANGERINE CT</b> <b>LEHIGH ACRES FL</b>	21 TITLE	<b>S, T</b> <b>REED, KATHERINE L</b> <b>57 TANGERINE CT.</b> <b>LEHIGH ACRES, FL. 33972</b>
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<b>P</b> <b>REED, VERONICA K.</b> <b>317 N MAPLE AVE</b> <b>LEHIGH ACRES, FL. 33972</b>
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<b>V</b> <b>REED, VINCENT A.</b> <b>317 N MAPLE AVE</b> <b>LEHIGH ACRES, FL. 33972</b>
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Vincent J Reed* **VINCENT J. REED** **7-29-96** **941-369-3457**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Phone #)

CR2E034 (3/96)