

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # G40849 (3)

1. Corporation Name

V.D.L.C., INC.



Principal Place of Business

Mailing Address

3901 AMERICANA DRIVE 124 LAKE DE  
TAMPA FL 33634 LUTZ FIA  
33549-6145

3901 AMERICANA DRIVE 124 LAKE DE  
TAMPA FL 33634 LUTZ FIA  
33549-6145

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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1983	07/20/1995
4. FEI Number	Applied For
59-2478950	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

DONOFIO, DOROTHY Segundo A. CARREÑO  
3901 AMERICANA DRIVE 124 LAKE DE  
TAMPA FL 33634 LUTZ, FIA 33549-6145

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 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 Segundo A. Carreno Pres. D.R. Segundo A. CARREÑO DATE 7-3-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LOICERO, PHIL</del> Segundo A. CARREÑO	1.2 NAME	
STREET ADDRESS	<del>2117 AILEEN ST</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>TAMPA FL 33607</del>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	2.2 NAME	
STREET ADDRESS	VALENTI, GASPARE J	2.3 STREET ADDRESS	
CITY - ST - ZIP	11211 NORTH SHELDON RD TAMPA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	3.2 NAME	
STREET ADDRESS	DONOFIO, DOROTHY	3.3 STREET ADDRESS	
CITY - ST - ZIP	3901 AMERICANA DRIVE TAMPA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Segundo A. CARREÑO	4.2 NAME	
STREET ADDRESS	124 LAKE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FIA 33549-6145	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil LOICERO	5.2 NAME	
STREET ADDRESS	2117 AILEEN ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FIA 33607	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: Segundo A. Carreno Pres. D.R. DATE: 7-3-96 813 961-7247