

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-20-90

B-1281-C

DOCUMENT # **G84884** (7)

1. Corporation Name  
**VICDA, INC.**



Principal Place of Business

1697 MAIN ST  
SARASOTA FL 34236  
US

Mailing Address

1249 OAKVIEW DR  
SARASOTA FL 34232  
US

3. Date Incorporated or Qualified  
**02/15/1984**

3a. Date of Last Report  
**01/19/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip

30 Country

4. FEI Number  
**59-2374314**

Applied For  
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

**ROSENZWEIG, EILEEN**  
1249 OAKVIEW DR  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name **Rosenzweig Eileen**  
82 Street Address (P.O. Box Number is Not Applicable)  
**4448 Golden Lake Dr**  
83  
84 City **Sarasota** FL 85 Zip Code **34233**

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

*Eileen C Rosenzweig*

*Eileen C Rosenzweig*

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSENWEIG, EILEEN</b>	
STREET ADDRESS	<b>1249 OAKVIEW DR</b>	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDERSON, MICHAEL</b>	
STREET ADDRESS	<b>3116 SALEM AVE</b>	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDERSON, JACQUELINE</b>	
STREET ADDRESS	<b>3116 SALEM AVE.</b>	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>4448 Golden Lake Dr</b>
14. CITY-STATE-ZIP	<b>SARASOTA FL 34233</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>5629 Wild Oak Way</b>
24. CITY-STATE-ZIP	<b>SARASOTA FL 34232</b>
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	<b>5629 Wild Oak Way</b>
34. CITY-STATE-ZIP	<b>SARASOTA FL 34232</b>
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Eileen Rosenzweig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95 941-922-1563

DATE

PHONE NUMBER

CR2E034 (12/95)