

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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H29675 (6)**

V.P. FINANCIAL CORP.



Principal Place of Business: C/O CHARLES J. PACE
 1370 S. OCEAN BLVD. APT. 2702
 POMPANO BCH. FL 33062

Mailing Address: C/O CHARLES J. PACE
 1370 S. OCEAN BLVD. APT. 2702
 POMPANO BCH. FL 33062

3. Date Incorporated or Qualified: **11/13/1984**
 3a. Date of Last Report: **01/31/1995**
 4. FEI Number: **13-2278802**
 5. Certificate of Status Desired: Applied For, Not Applicable
 6. Election Campaign Financing: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business: **4300 N. University Dr.**
 Suite, Apt. #, etc: **Suite 105**
 City & State: **Lauderhill, Fla.**
 Zip: **33351** Country: **U.S.A.**

2a. Mailing Address: **4300 N. University Dr.**
 Suite, Apt. #, etc: **suite 105**
 City & State: **Lauderhill, Fla.**
 Zip: **33351** Country: **U.S.A.**

9. Name and Address of Current Registered Agent:
PACE, CHARLES J.
1370 SO. OCEAN BLVD.
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent:
 81 Name: **HAROLD STEIN**
 82 Street Address (P.O. Box Number is Not Acceptable): **6987 Queenferry Circle**
 83
 84 City: **Boca Raton, FL** 85 Zip Code: **33496**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Harold Stein* 6/11/96
(Type or print name of registered agent as it appears on the corporation's records. If not, Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PACE, CHARLES J.	
STREET ADDRESS	1370 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PACE, CARRIE A.	
STREET ADDRESS	1370 S. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAROLD STEIN	
1.3 STREET ADDRESS	6987 Queenferry Ci.	
1.4 CITY-ST-ZIP	Boca Raton, Fla. 33496	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Harold Stein* 6/11/96 407-477-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)