

**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

7. 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

2. Principal Place of Business: **4300 N. University Dr.**

2a. Mailing Address: **4300 N. University Dr.**

21. Suite, Apt. #, etc: **Suite 105**

26. Suite, Apt. #, etc: **suite 105**

22. City & State: **Lauderhill, Fla.**

27. City & State: **Lauderhill, Fla.**

23. Zip: **33351**

28. Zip: **33351**

24. Country: **U.S.A.**

29. 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. City: **Boca Raton, FL**

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

SIGNATURE: *Harold Stein* **6/11/96**

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**

CR2E034 (3/96)