FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H38876 1. Corporation Name VYCO, INC. (9)

FILED May 09 1997 8:00am Secretary of State

						3:831 BIBI 81811 B1811 B1831 B1811 4881
Principal Piace of Business 8020 WASHINGTON STREET APT 8 HOLLYWOOD FL 33020		Mailing Address 2020 Washington Street APT 5 HOLLYWOOD FL 33020-6906				
		HOLESTOOD (C SUCCOSO)			3. Date Incorporated or Qualified 01/22/1985	3a. Date of Last Report 04/28/1996
2. Principal Place of Business		2a, Mailing Addres	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u>├</u> -┐ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
.Zip	Country 25	Z _(j)	Gountry 30		8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, Yes 🔲 No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
HAWKINS, WONA F			81 Namo			
2020 WASHINGTON STREET APT 5			82 Street Address (P.O. Box Number is Not Acceptable)			
НОП	YWOOD FL 33020			83	The state of the s	
# 1				84 City	and the second of the second o	FL 85 Zip Code
 office or re 	o the provisions of Sections 607, ogistered agent, or both, in the St n familiar with, and accept the ob	tate of Florida. Such change	e was authorize	ed by the corpor	rporation submits this statement for the parties and a directors. Thereby acceptions is board of directors.	ourpose of changing its registered of the appointment as registered

SIGNATURE (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE HAWKINS, WONA 1.2 NAME NAME 2020 WASHINGTON ST #5 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE Change Addition 2.1 1011.6 HAWKINS, GLORIN K. NAME 2.2 NAME 2630 WRONDEL WAY 2.3 STREET ADDRESS STREET ADDRESS RENO NV 2. 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1IILE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ___ Addition 4 1 11TLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY- \$1-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

. I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.