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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **H9147**9



Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-04-1999 90078 038 ***150.00

VLS, INC. Principal Place of Business Mailing Address C/O GREGORY RIKE C/O GREGORY RIKE 652 A DOUGLAS AVENUE 652 A DOUGLAS AVENUE DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualifed 12/24/1985 2. Principal Place of Business 21 1191 Douglas 2a. Mailing Address 4. FEI Number Applied For 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIKE, GREGORY J. Street, Address (P.O. Box Number is Not Acceptable) 82 652 A DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714 83 84 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change ☐ DELETE 1.1 TITLE TITLE RIKE, GREGORY J. 12 NAME NAME 1191 Douglas Ave. Altamonte Spgs., FL 652 A DOUGLAS AVE 1.3 STREET ADDRESS STREET ADDRESS altamonte springs fl 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-ST-ZiP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 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 with all other like empowered.

SIGNATURE:

407-862-6882 Daytime Phone #

CR2E034 (11/98)