FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H93996** **(7)**

1. Corporation Name

VIP REAL ESTATE BROKERS, INC.

Principal Place of Business	Mailing Address
525 S.E. 6TH AVE. DELRAY BEACH FL 33483	525 S.E. 6TH AVE. DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **01/13/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **59-2635900** ☐ 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

VLASEK, MARK W.
2414 ZEDER AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 617.1905, 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: GAIL N. VLASEK, VD (NO CHANGE OF REG. AGENT) 2/9/96 BELONGS BELOW!
(Required) (Date)

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD	☐ DELETE	1 TYPE ☐ Change ☐ Addition
NAME	VLASEK, MARK W.		2 NAME
STREET ADDRESS	2414 ZEDER AVENUE		3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BEACH FL		4 CITY-ST-ZIP
TYPE	VD	☐ DELETE	21 TYPE ☐ Change ☐ Addition
NAME	VLASEK, GAIL NARDIELLO		22 NAME
STREET ADDRESS	2414 ZEDER AVENUE		23 STREET ADDRESS
CITY-ST-ZIP	DELRAY BEACH FL		24 CITY-ST-ZIP
TYPE	S	☐ DELETE	31 TYPE ☐ Change ☐ Addition
NAME	MAENZA, JOSEPH		32 NAME
STREET ADDRESS	5196B LAKE CATALINA DR.		33 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP
TYPE		☐ DELETE	41 TYPE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TYPE		☐ DELETE	51 TYPE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TYPE		☐ DELETE	61 TYPE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 added by this attachment with an address.

SIGNATURE: GAIL N. VLASEK 2/9/96 (407)276-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)

CR2E034 (12/95)