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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **J23297** **(1)**

1. Corporation Name
VERMAX OF FLORIDA, INC.

Principal Place of Business
3265 S. 958 W.
SALT LAKE CITY UT 84119

Mailing Address
P.O. BOX 65568
SALT LAKE CITY UT 84165-0568

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

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

3. Date Incorporated or Qualified: **07/09/1986**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2689402** ☐ 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

LAMBRECHT, WILLIAM G.
1550 RINGLING BLVD.
SARASOTA FL 34236

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(s) 607.0502 and 607.1501, 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 corporation is qualified to do business. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ANDERSEN, LEIF W.		12 NAME	
STREET ADDRESS	958 WEST 3265 SOUTH		13 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT		14 CITY-ST-ZIP	
TITLE	VDS	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	SEMCHUCK, BEN R.		22 NAME	
STREET ADDRESS	35755 700 WEST		23 STREET ADDRESS	958 WEST 3265 SOUTH
CITY-ST-ZIP	SALT LAKE CITY FL		24 CITY-ST-ZIP	SALT LAKE CITY, UTAH 84119
TITLE	VDS	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CRUZ, DARRELL		32 NAME	
STREET ADDRESS	3575 SOUTH 700 WEST		33 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☒ Change ☐ Addition
NAME	WATKINS, GLEN D.		42 NAME	
STREET ADDRESS	1365 MAIN ST, STE 900		43 STREET ADDRESS	170 SOUTH MAIN STREET, #1500
CITY-ST-ZIP	SALT LAKE CITY UT		44 CITY-ST-ZIP	SALT LAKE CITY, UTAH 84101-1691
TITLE		☐ DELETE	51 TITLE	☐ Change ☒ Addition
NAME			52 NAME	VDS
STREET ADDRESS			53 STREET ADDRESS	HENRIKSEN, J.B.
CITY-ST-ZIP			54 CITY-ST-ZIP	958 WEST 3265 SOUTH SALT LAKE CITY, UTAH 84119
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication that I am an officer or director with respect to the corporation.

SIGNATURE: _____ 4/8/96 801-973-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEIF W. ANDERSEN PRESIDENT