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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J44020** V. D. M. INVESTMENTS, INC. Principal Place of Business Mailing Address 1367 HIGHLAND AVE. 1367 HIGHLAND AVE. **DUNEDIN FL 34698-4972** DUNEDIN FL 34698 3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/1986 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2772188 305-B Scarlet Blvd Not Applicable 21 305-B Scarlet Blvd Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 34677 23 Oldsmar, <u>Oldsmar,</u> Country 8. This corporation has liability for intangible tax under s. 199.032, Zıp Pinellas Yes XX No Pinellas 34677 Florida Statutes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Hiram P. Hickman **BLOK ARIE** 4703 WRENTHAM PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BARBOR FL 34685 347 Bailey Court 83 Palm Harbor, Fl Zip Code 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 jumpilal with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Change XX DELETE Addition 1.1 TITLE THILE S **BLOK, ARIE** 1.2 NAME Hiram P. Hickman **4703 WRENTHAM PALCE** 1.3 STREET ADDRESS STREET ADDRESS 347 Bailey Court PALM BARBOR FL 1.4 CITY-ST-ZIP CITY - ST- ZIP Palm Harbor, FL 34684 Change Addition □ DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHTY - ST - ZIP Change Addition DELETE 3.1 TITLE TITUE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP 011Y-12-71F Change Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP DTY-ST-7:6 Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ACORESS 5.4 CITY-ST-ZIP CHTY-S1-ZIP DELETE ☐ Change T Addition 61 TITLE THUE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP

14. If 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 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

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FILED

Apr 23 1997 8:00am

Secretary of State