SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)L06858 V.V.R. ENTERPRISES, INC. Mailing Address Principal Place of Business C/O VENUGOPALA A. REDDY C/O VENUGOPALA A. REDDY 2100 W. WOODVIEW LANE 2100 W. WOODVIEW LANE 3a. Date of Last Report LECANTO FL 34461 3. Date Incorporated or Qualified LECANTO FL 34461 04/21/1995 08/02/1989 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business ✓ Not Applicable 59-2960943 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangitule tax under s. 199.032. 23 Country Country Zip Yes No Florida Statutes 30 25 29 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent REDDY, VENUGOPALA A Street Address (P.O. Box Number is Not Acceptable) 2100 W WOODVIEW LANE LECANTO FL 34461 83 85 Zip Code City FL 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent's quature regard when recess dog) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 So just we type the printed to the of more tored agent and the if appearities 13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1.1 BHUE PTD TITLE 1.2 NAME REDDY, VENUGOPALA A. NAME 1.3 STHEET ADDRESS 211 W WOODVIEW LANE STREET ADDRESS 1 4 CHY - ST - ZIF Change Addition LECANTO FL CITY - ST-ZIP DELETÉ 21 TiTLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST-ZIP DELETE 3.1 TITLE TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CHY-ST 7:P Change Addition CITY - ST - ZIP DELETE 4.1 TIT; E TITLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - 715 Change Addition CITY-ST-ZIF DELETE 5 1 113 LE THYLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIF Change ____ Addition CITY - S1 - ZIP DELETE 61 TIFLE TITLE NAME

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appoors in Block 32 or Block 13 if changed, or on an attachment with an articless. 6-26-96 7852-746-2227

S 4 CITY - ST - ZIP

STREET ADDRESS

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