

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

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DE  
Sand  
Sec  
DIVISION

HAMILTON  
NOTIFY SENDER  
HAMILTON  
1036 NW 41ST  
GAINESVILLE FL

DOCUMENT # L10379

(0)

1. Corporation Name  
VCCC, INC.

Principal Place of Business

4707 NW 18TH PL.  
GAINESVILLE FL 32605

Mailing Address

4707 NW 18TH PL.  
GAINESVILLE FL 32605-3425

2. Principal Place of Business

21 1036 NW. 41 ST. DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 1036 N.W. 41 DRIVE  
Suite, Apt. #, etc.

22 City & State

23 GAINESVILLE, FL  
Zip Country

24 32605

25 ALACHUA

27 City & State

28 GAINESVILLE, FL  
Zip Country

29 32605

30 ALACHUA

9. Name and Address of Current Registered Agent

HAMILTON, C.L.  
4707 NW 18TH PL.  
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

08/18/1989

3a. Date of Last Report

04/25/1996

4. FEI Number

59-2975177

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

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 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:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HAMILTON, CHARLES	
STREET ADDRESS	4707 NW 18TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	DELETE
NAME	HAMILTON, VERA	
STREET ADDRESS	4707 NW 18TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.L. HAMILTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 352-3783476  
Date Daytime Phone #

CR2E034 (9/96)