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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L63227

(7)

VP INFORMATION SYSTEMS, INC.

FILED
May 15 1997 8:00am
Secretary of State

	ce of Business	Mailing Address						
8222 WILES ROAD		ū						
8222 WILES I SUITE 217 CORAL SPRIM	Ť -	8222 WILES ROAD SUITE 217 CORAL SPRINGS FL 3	33067-1900					
					3. Date Incorporated or Qualified	Sa. Date of	ast Rep	port
					i 04/06/1990	06/25/19	996	
2, Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23		2a. Mailing Address		4, FEI Number		App	lied For	
		26			65-0184699 Not A			Applicable
		Suite, Apt. #, etc.			6. Certificate of Status Desired See Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees			
		City & State						
Ζφ. 24	Country 25	Z _i p	30 Coun	try	8. This corporation has liability for in Florida Statutes	ntangible tax ur Yes	nder s. *	199.032,
	g, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	elstered Agent	*****	
PARRA, VICTOR M.				Name				
4482 N.W. 67 AVE.			1	Street Ad	dress (P.O. Box Number is Not Acceptable	le)		
CORAL SPRINGS FL 33067					radiess (1.0. Box Northbell is Not Acceptable)			
			[8	33				
			ļ.	4 City		85	Zip Co	ode
			1			FL "		
office or	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Such change w	vas authorized	by the corpor	rporation submits this statement for the pration's board of directors. I hereby accept	urpose of chan	aina its	registered egistered
office or	registered agent, or both, in the S am familiar with, and accept the c	State of Florida. Such change with bligations of, Section 607,0505	vas authorized 5, Florida Statu	by the corpor- tes.	rporation submits this statement for the pa ation's board of directors. I hereby accep	urpose of chan	aina its	registered egistered
office or agent 1	registered agent, or both, in the S am familiar with, and accept the d Signature, types or protect hard of registers	State of Florida. Such change with bligations of, Section 607,0505	vas authorized 5, Florida Statu	by the corpor- tes.	ation's board of directors. I hereby accep	urpose of chan t the appointment	ging its	egistered
office or agent 1 SIGNATURE	registered agent, or both, in the S am familiar with, and accept the d Signature, types or protect hard of registers	State of Florida. Such change with bligations of, Section 607,0505	vas authorized 5, Florida Statu (NOTE: Registered)	by the corpor tes. Agent signature req	ation's board of directors. I hereby accepulation when reinstating)	urpose of chan t the appointment	ging its ent as re	egistered
office or agent I SIGNATURE	registered agent, or both, in the S am familiar with, and accept the d Signature, typed or protect hards of registers OFFICERS	State of Florida, Such change with bligations of, Section 607,0505 and agent and title if explicable SAND DIRECTORS	vas authorized 5, Florida Statu (NOTE: Registered)	by the corportes. Agent signature req	ation's board of directors. I hereby accepulation when reinstating)	urpose of chan I the appointment DATE ERS AND DIRE	ging its ent as re	egistered
office or agent 1 SIGNATURE 12.	registered agent, or both, in the Sam familiar with, and accept the discount familiar with and accept the discount familiar with a person of register OFFICERS PTD PARRA, VICTOR M.	State of Florida, Such change with bligations of, Section 607,0505 and agent and title if explicable SAND DIRECTORS	vas authorized 5, Florida Statu (NOTE: Registered) 13, 1.1 TITU 1.2 NAM	by the corportes. Agent signature req	ation's board of directors. I hereby accepulation when reinstating)	urpose of chan I the appointment DATE ERS AND DIRE	ging its ent as re	egistered
office or agent 1 SIGNATURE 12. TIBLE NAME	registered agent, or both, in the Sam familiar with, and accept the discount familiar with and accept the discount familiar with a process familiar with a process of register OFFICERS PTD PARRA, VICTOR M.	State of Florida, Such change with bligations of, Section 607,0505 and agent and title if explicable SAND DIRECTORS	vas authorized 5, Florida Statu (NOTE: Registered / 13. 1.1 TITU 1.2 NAM 1.3 STRI	by the corportes. Agent signature req	ation's board of directors. I hereby accepulation when reinstating)	urpose of chan I the appointment DATE ERS AND DIRE	ging its ent as re	egistered
office or agent 1 SIGNATURE 12. THE NAME STREET ADDRESS	registered agent, or both, in the Sam familiar with, and accept the discount familiar with and accept the discount familiar with a period	State of Florida, Such change with bligations of, Section 607,0505 and agent and title if explicable SAND DIRECTORS	vas authorized 5, Florida Statu (NOTE: Registered) 13. 1.1 TITU 1.2 NAM 1.3 STRI	by the corportes. Agent signature req E E E E E E E E F T T T T T T T T T T T T	ation's board of directors. I hereby accepulation when reinstating)	urpose of chan I the appointment DATE ERS AND DIRE	ging its ent as re CTORS range	egistered
office or agent 1 SIGNATURE 12. TIBLE NAME STREEL ADDRESS DITY-SI-ZIP	registered agent, or both, in the Sam familiar with, and accept the discount familiar with, and accept the discount familiar with a principal familiar with a	State of Florida. Such change wobligations of, Section 607, 0505 and agent and title if applicable AND DIRECTORS DELETE	vas authorized 5, Florida Statu (NOTE: Registered / 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	by the corportes. Agent signature req E EET ADDRESS (- ST-ZIP E	ation's board of directors. I hereby accepulation when reinstating)	DATE ERS AND DIRE	ging its ent as re CTORS range	IN 12
office or agent 1 SIGNATURE 12. TIBLE NAM: SIRELLADDRESS CITY-SI-ZIP TIBLE	registered agent, or both, in the Sam familiar with, and accept the discussion, typed or present name of register OFFICERS PTD PARRA, VICTOR M. 4482 NW 67 AVE. CORAL SPRINGS FL VSD PARRA, DEBRA	State of Florida. Such change wobligations of, Section 607, 0505 and agent and title if applicable AND DIRECTORS DELETE	vas authorized 5, Florida Statu (NOTE: Registered / 13. 1.1 TITU 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN	by the corportes. Agent signature req E EET ADDRESS (- ST-ZIP E	ation's board of directors. I hereby accepulation when reinstating)	DATE ERS AND DIRE	ging its ent as re CTORS range	IN 12
office or agent 1 SIGNATURE 12. THE NAM: STREEL ADDRESS CITY-SI-ZIP THEE NAME STREEL ADDRESS	registered agent, or both, in the Sam familiar with, and accept the description of the same of registers of the conference of the same of	State of Florida. Such change wobligations of, Section 607, 0505 and agent and title if applicable AND DIRECTORS DELETE	vas authorized 5, Florida Statu (NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.3 STRI 3.3	by the corportes. Agent signature req E IE EET ADDRESS 7- ST- ZIP E AE	ation's board of directors. I hereby accepulation when reinstating)	DATE ERS AND DIRE	ging its ent as re CTORS range	IN 12
office or agent 1 SIGNATURE 12. TIPE NAM: SHEEL ADDRESS DITY-SI-ZIP TITEE NAME	registered agent, or both, in the Sam familiar with, and accept the description of the same of registers of the conference of the same of	State of Florida. Such change wobligations of, Section 607, 0505 and agent and title if applicable AND DIRECTORS DELETE	vas authorized 5, Florida Statu (NOTE: Registered). 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 2	by the corportes. Agent signature req E IE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	ation's board of directors. I hereby acceptured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRE	ging its ent as re CTORS range	IN 12
office or agent 1 SIGNATURE 12. THE NAM: STREEL ADDRESS CITY-SL-ZIP THE NAME STREEL ADDRESS CITY-SL-ZIP	registered agent, or both, in the Sam familiar with, and accept the description of the same of registers of the conference of the same of	State of Florida. Such change with lightness of, Section 607,0505 and agent and lifte if espikeable is AND DIRECTORS DELETE	vas authorized 5, Florida Statu (NOTE: Registered). 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 2	by the corportes. Agent signature req E E E E T A A A A A A A A A A A A	ation's board of directors. I hereby acceptured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRE CI	ging its ent as re CTORS range	IN 12 Addition

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 trueter on proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the analysis and address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

TOLE

NAME

mtt

THLE

STREET ADDRESS

\$1REEF ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-9

954-647-7648

Change Addition

Change

Change

Addition

Addition

0152137