

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L66305**

(8)

1. Corporation Name
VSB, INC.



Principal Place of Business

% DRAPER & KRAMER INC
100 NE 3RD AVE., STE 970
FT LAUDERDALE FL 33301

Mailing Address

% DRAPER & KRAMER INC
100 NE 3RD AVE., STE 970
FT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

03/29/1995

4. FBT Number

65-0220929

Applied For
Not Applicable

5. Certificate of Status Desired

XX

\$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

RITO, GARY J.
% DRAPER & KRAMER INC
100 NE 3RD AVE., STE 970
FT LAUDERDALE FL 33301

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 607.0762 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person or persons in charge of filing this report

Signature of Registered Agent or person responsible for change

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **KRAMER, DOUGLAS**

STREET ADDRESS **33 W MONROE ST**

CITY-ST-ZIP **CHICAGO IL**

2. TITLE ☐ DELETE

NAME **KRAMER, ANTHONY**

STREET ADDRESS **33 W MONROE ST**

CITY-ST-ZIP **CHICAGO IL**

3. TITLE ☐ DELETE

NAME **LEES, MARSHALL**

STREET ADDRESS **33 W MONROE ST**

CITY-ST-ZIP **CHICAGO IL**

4. TITLE ☐ DELETE

NAME **RITO, GARY J.**

STREET ADDRESS **100 NE 3RD AVE., STE 970**

CITY-ST-ZIP **FT LAUDERDALE FL**

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony F. Kramer

3/18/96

312/346-8600

DATE OF FILING OFFICE

CR2E034 (12/95)