FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 11 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M67206** **(6)**

1. Corporation Name
VTS MANAGEMENT, INC.

Principal Place of Business
% G. DONALD WHALEN
109 WEST RICH AVE.
DELAND FL 32720-4212

Mailing Address
% G. DONALD WHALEN
109 WEST RICH AVE.
DELAND FL 32720-4212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/01/1988**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22 — Suite Apt. # etc. — 27
City & State — 23 — City & State — 28
24 — 25 — 29 — 30

4. FEI Number: **59-2910558** — 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. The corporation is liable for intangible tax under Chapter 199, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

WHALDEN, G. DONALD
109 WEST RICH AVE.
DELAND FL

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 607.0505 and 607.1608, Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

TITLE	PD
NAME	WHALEN, G. DONALD
STREET ADDRESS	250 CRANOR AVE.
CITY, ST, ZIP	DELAND FL
TITLE	STD
NAME	WHALEN, LESLIE P.
STREET ADDRESS	250 CRANOR AVE.
CITY, ST, ZIP	DELAND FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: Leslie P. Whalen — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95 — Date

738-0041 — Telephone Number

000000 CP