

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M88092** (5)

1. Corporation Name
V & M ERECTORS, INC.



Principal Place of Business: **C/O JACK VERNON NIX, 9830 PINES BLVD, PEMBROKE PINES FL 33024**
Mailing Address: **C/O JACK VERNON NIX, 9830 PINES BLVD, PEMBROKE PINES FL 33024**

21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: **06/27/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0055681**
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

9. Name and Address of Current Registered Agent: **NIX, JACK VERNON, 9830 PINES BLVD, PEMBROKE PINES FL 33024**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0702 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 607.0701, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: NIX, JACK VERNON		2.2 NAME:	
3. STREET ADDRESS: 9830 PINES BLVD.		3.3 STREET ADDRESS:	
4. CITY-STATE-ZIP: PEMBROKE PINES FL		4.4 CITY-STATE-ZIP:	
5. TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME:		6.2 NAME:	
7. STREET ADDRESS:		7.3 STREET ADDRESS:	
8. CITY-STATE-ZIP:		8.4 CITY-STATE-ZIP:	
9. TITLE: <input type="checkbox"/> DELETE		9.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME:		10.2 NAME:	
11. STREET ADDRESS:		11.3 STREET ADDRESS:	
12. CITY-STATE-ZIP:		12.4 CITY-STATE-ZIP:	
13. TITLE: <input type="checkbox"/> DELETE		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME:		14.2 NAME:	
15. STREET ADDRESS:		15.3 STREET ADDRESS:	
16. CITY-STATE-ZIP:		16.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied on this form 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. I am an officer or director of the corporation or the registered 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: *Vern Nix - Pres.* 1/16/96. 305-437-5498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)