
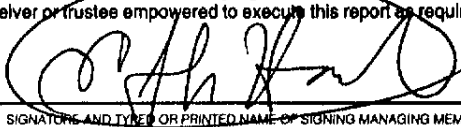


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000137			
VICSON LLC LC 502 W. BRANNEN RD. LAKELAND FL 33813		1a. Principal Place of Business Address 502 W. BRANNEN RD. LAKELAND FL 33813			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 2835 BROOK DRIVE Suite, Apt. #, etc.		2a. Mailing Address 2835 BROOK DRIVE Suite, Apt. #, etc.		3. Date Organized or Qualified 06/09/1995	
City & State LAKELAND FL		City & State LAKELAND FL		3a. State of Formation NV	
Zip 33811		Country POLK		4. FEI Number 88-0335739	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/27/1996	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent EDDY, GARY P 2304 SPARKMAN RD PLANT CITY FL 33566			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HARRAH, EJOHN	2835 BROOK DRIVE		LAKELAND FL	
				000002158680--5 -04/29/97--01087--010 ***203.75 ***203.75	
				G. Alan 4/25/97	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date					
Daytime Phone #					