


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # N95000005548 (1)

1. Corporation Name

VCOG, INC.



Principal Place of Business	Mailing Address
1190 PELICAN BAY DR. SUITE 22 DAYTONA BCH FL 32119 US	1190 PELICAN BAY DR. SUITE 22 DAYTONA BCH FL 32119-1381 US

3. Date Incorporated or Qualified 11/22/1995	3a. Date of Last Report 04/24/1996
---	---------------------------------------

2. Principal Place of Business 21 same	2a. Mailing Address 26 same	4. FEI Number 59-1282694	Applied For Not Applicable
22 Suite, Apt. #, etc. No Suite, Apt. #	27 Suite, Apt. #, etc. No Suite, Apt. #	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State same	28 City & State same	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip same	25 Country same	29 Zip same	30 Country same

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LARGE, DONALD F 1190 PELICAN BAY DR. SUITE 22 DAYTONA BCH FL 32119	81 Name same 82 Street Address (P.O. Box Number is Not Acceptable) same 83 No Suite # 84 City same FL 85 Zip Code same

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHER, BARON	1.2 NAME	
STREET ADDRESS	301 S. RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, BARBARA	2.2 NAME	
STREET ADDRESS	3869 SO. ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE, FLORENCE	3.2 NAME	FRANCE, GREGORY
STREET ADDRESS	243 EAST Highbanks Road	3.3 STREET ADDRESS	12 COLOMBIA ROAD
CITY-ST-ZIP	DEBARY FL 32713	3.4 CITY-ST-ZIP	DEBARY FL 32713
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLLUM, JANET	4.2 NAME	APGAR, ROBERT
STREET ADDRESS	112 SOUTH WOODLAND BLVD.	4.3 STREET ADDRESS	149 SOUTH RIDGEWOOD AVENUE
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMAN, JACK	5.2 NAME	HAYMAN, JACK
STREET ADDRESS	P.O. BOX 100	5.3 STREET ADDRESS	104 N. RIVERSIDE DRIVE
CITY-ST-ZIP	EDGEWATER FL 32132	5.4 CITY-ST-ZIP	EDGEWATER FL 32132
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR WILLIAM	6.2 NAME	
STREET ADDRESS	1065 RIDGE WOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ David Hood

2/4/97

904/254-6875

CR2E037 (9/96)

NONPROFIT CORPORATION ANNUAL REPORT 1997
DOCUMENT # N95000005548 (1)
VCOG, INC.

attachment 1

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, GEORGE 493 LAKEVIEW AVENUE LAKE HELEN FL 32744 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERGRIFFT, JAMES 210 SAMS AVENUE NEW SMYRNA BEACH FL 32168 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, TOREATHA 234 SOUTH U.S. HIGHWAY 1 OAK HILL FL 32759 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVER, HERBERT 720 SOUTH FIRST STREET ORANGE CITY FL 32763 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEBBA, ANTHONY 785 BRIARWOOD COURT ORANGE CITY FL 32763 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D HOOD, DAVID 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHART, DALE 115 VOLUSIA AVENUE PIERSON FL 32180 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHART, DALE 106 NORTH CENTER STREET PIERSON FL 32180 <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAAC, RONALD 4680 SOUTH PENINSULA DRIVE PONCE INLET FL 32127 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ALLEN 1000 CITY CENTER CIRCLE PORT ORANGE FL 32119 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGGOTTE, JOE 1672 RIDGEWOOD AVENUE SOUTH DAYTONA FL 32121 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHEY, PATRICIA 2310 CARSON LANE DELTONA FL 32738 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, LINDA 1200 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESCOTT, LOIS 1200 W. INTERNATIONAL SPEEDWAY BOULEVARD DAYTONA BEACH FL 32114 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, WAYNE 548 McNEAL DRIVE DELTONA FL 32725 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCOY, EDWARD 405 WHITE STREET DAYTONA BEACH FL 32114 <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTAKER, SUSAN A. 834 GAUCHO CIRCLE DELTONA FL 32725 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCRARY, EARL 122 HARNEY STREET DAYTONA BEACH FL 32114 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION