


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002788 (5)**

1. Corporation Name  
**VCPHF - NAPLES, INC.**

Principal Place of Business <b>3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257</b>	Mailing Address <b>3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257-8214</b>
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3. Date Incorporated or Qualified <b>05/24/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 225 Water Street, 3rd Floor</b>	2a. Mailing Address <b>26 225 Water Street, 3rd Floor</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Jacksonville, FL</b>	City & State <b>28 Jacksonville, FL</b>
Zip <b>24 32202</b>	Zip <b>29 32202</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

4. FEI Number <b>59-3380121</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROOD, JOHN D  
3030 HARTLEY RD.  
SUITE 100  
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

**81 Name  
Kristen K. Packard  
82 Street Address (P.O. Box Number is Not Acceptable)  
225 Water Street, Third Floor  
83  
84 City  
Jacksonville FL 85 Zip Code  
32202**

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 617.0506, Florida Statutes.

SIGNATURE Kristen K. Packard **Kristen K. Packard, Executive Director** **March 24, 1997**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROOD, JOHN D	
STREET ADDRESS	3030 HARTLEY RD., STE. 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRYANT, MICHAEL	
STREET ADDRESS	157 E. 8TH ST., STE. 116	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOORE, TERRY A	
STREET ADDRESS	50 N. LAURA ST., STE. 3100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNALL, JOSEPH	
STREET ADDRESS	PO BOX 50307 NA	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEYAH, MALACHI	
STREET ADDRESS	PO BOX 12104 NA	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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; 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: [Signature] (904) 361-5916

CR2F037 (9/96)