FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200004311 (6)

VP MAINTENANCE, INC.

71 Manification of the	
Principal Place of Business	Mailing Address

FILED Apr 25 1997 8:00am Secretary of State

Frincipal Place of Business Mailing Address B872 S.E. MARINA BAY DRIVE 8872 S.E. MARINA BAY DRIVE HOBE SOUND FL 33455 HOBE SOUND FL 33455-2952								
							Date of Last F 14/18/1996	Report
2. Principal Pi	ace of Business	2a, Mailing Address 26			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number 65-0368242	f	pplied For of Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			6. Certificate of Status Desired	\$8.75	\$8.75 Additional Fee Regulred		
City & State)	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Ζφ 24	Country 25	Z ₁ p	30	ıntry		8. This corporation has liability for intangi		
	9. Name and Address of Curren		130	Ţ		10. Name and Address of New Registers		
DED	TONE, VICTOR		•••	81	Name			
8872	S.E. MARINA BAY DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
HOB	E SOUND FL 33455			83				
				84	City	F	85 Zip	Code
11. Pursuant I	a the provisions of Sections 607.050)2 and 607 1508, Florida Statu	ites, the a	LL. bove-r	named corpo			its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was already of Section 607,0505. F	authorize	d by ti	he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	appointment as	s registered
	Triamina war, and accept the obing	ations of, accident 007,0000, i	ionda bia	IGIOS.				
SIGNATURE	Signature, typicd or printed name of registered ag-	ent and title if applicable (NO	TE: Registere	d Agent	signature require	ed when reinstating) DATI	É	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	7S IN 12
TifLE	P	DELETE	1.1 Ti	TLE			Change	Addition
NAME	PEPITONE, VIC		1.2 N	AME				
STREET ADDRESS	8872 SE MARINA BAY DR.		1.3 \$	TREET AL	DDRESS			
C(1Y+S1-7IP	HOBE SOUND FL 33425		1.4 C	ITY-ST-	ZIP			
TITLE	V	DELETE	2.1 TI	TLE			Change	Addition
NAME	PEPITONE, BERNADETTE		2.2 N	AME				
STREET ADDRESS	8872 SE MARINA BAY DR.		235	TREET AL	DDRESS			
CITY+ST-ZIP	HOBE SOUND FL 33425		2 4 0	OTY-ST-	ZIP			
MLF		DELETE	317			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	PEPITONE, VICTOR	•	3.2 N	AME				
STREET ADDRESS	8872 SE MARINA BAY DR.		3.3 \$	TREET AC	DORESS			
CITY+ST-ZIP	HOBE SOUND FL 33425		3.4. 0	ITY-ST-	ZIP			
IULE	\$	L.) DELETE	4.1 T	TLE]		Change	Addition
NAME	PEPITONE, CHRIS		4.21	LAME				
STREET ADDRESS	8872 SE MARINA BAY DR.		438	TREET AL	DDRESS			
CHTY-ST-ZIP	HOBE SOUND FL 33425		4.4 C	ITY-ST-	ZIP			
TOLE		DELETE	5.1 T	ITLE			Change	Addition
NAMÉ			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET AC	DORESS			
City-St-ZiP			5.4 C	ITY-ST-	ZIP			
TITLE		☐ DELETE	6.1 7				Change	Addition
NAME			6.2 N		1			
STREET ADDRESS				TREET AL	DORESS			
CITY-S1-ZiP				ITY-ST-				
3111 317711		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.4 %		471			

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 corperation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name