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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

VSSB, INC.

P92000007644 (7)

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O DONALD G. BUREK C/O DONALD G. BUREK 1794-B. SOUTH OCEAN DR 1794-B. SOUTH OCEAN DR JACKSONVILLE BCH. FL 32250 JACKSONVILLE BCH. FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3152013 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUREK, DONALD G 1794-B, SOUTH OCEAN DR 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BOH. FL 32250 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BUREK, DONALD G NAME 1.2 NAME 1794-B, SOUTH OCEAN DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH. FL. 1.4 City-St-ZiP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 yie perfect or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in shanged, or on land statution it with an address.