SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

VSSB, INC.

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business

C/O DONALD G. BUREK 1794-B. SOUTH OCEAN DR JACKSONVILLE BCH. FL 32250		C/O DONALD G. BUREK 1794-B. SOUTH OCEAN DR JACKSONVILLE BCH. FL 32250			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo	r	
21		26			59-3152013 Not Applica		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional		
22					5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Cour	itry	8. This corporation owes the current year Intangible Personal Property. Yes No		
= 11	9. Name and Address of Curre				10. Name and Address of New Registered Agent		
				81 Name	•		
BUREK, DONALD G 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH. FL 32250				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
				83			
Ì				84 City	FL 85 Zip Code		
office or agent. I :	t to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by the corpor	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registers	ed Agent signature	required when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2 lition	
TITLE	P, D	DELETE	1.1 TITL	.E	Change Add	lition 4	
NAME	BUREK, DONALD G		1.2 NA	4E		2	
STREET ADDRESS	1794-B, SOUTH OCEAN DR		1.3 STR	EET ADDRESS		1	
CITY-ST-ZIP	JACKSONVILLE BCH. FL		1.4 CIT	Y-ST-ZIP		è	
TITLE		DELETE	2.1 TITU	E	Change Add	lition	
NAME			2.2 NAM	1E		ł	
STREET ADDRESS			2.3 STR	EET ADDRESS	مديد سريكة		
CITY-ST-ZIP			2.4 CIT	/-ST-ZIP			
TITLE		DELETE	3.1 TITL	E	Change Add	lition	
NAME			3.2 NAM	Æ Ì		1	
STREET ADDRESS			3.3 STR	EET ADDRESS			
CiTY-ST-ZIP							
TITLE	1		3.4 CIT	r-ST-ZIP			
		DELETE	3.4 CIT		Change Add	lition	
NAME		DELETE	_	E	Change Add	lition	
NAME STREET ADDRESS		DELETE	4.1 TITL 4.2 NAM	E	Change Add	lition	
F .		DELETE	4.1 TITU 4.2 NAM 4.3 STR	E (E	Change Add	lition	
STREET ADDRESS		DELETE	4.1 TITU 4.2 NAM 4.3 STR	E ME EET ADDRESS (-ST-ZIP		lition	
STREET ADDRESS CITY-ST-ZIP			4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT	E IE EET ADDRESS /-ST-ZIP E			
STREET ADDRESS CITY-ST-ZIP TITLE			4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM	E IE EET ADDRESS /-ST-ZIP E			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM	E EET ADDRESS /-ST-ZIP E ME EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM 5.3 STR	E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP	Change Add		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITU 5.2 NAM 5.3 STR 5.4 CIT	E HE HE HE HE HE HE HE HE HE	Change Add	lition	

bnald a. Burek

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90001 031 ***150.00

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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address. (904)246-4222

1/12/99

590775-90001-31 P92-000007644

VSSB, INC.

1794-B South Ocean DR Jacksonville Beach, Florida 32257 (904) 246-4222

July 12, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: 1999 Corporation Annual Report

Gentlemen:

Enclosed please find our completed 1999 Corporate Annual Report. We are enclosing payment in the amount of \$150.00 (the original fee), due to the fact that the 1st notice of the report was not received by our office. We do not know the reason that the original report was not received; however, we request that the penalty be waived due to reasonable cause.

If you have any questions about the above, please do not hesitate to contact us. Thank you for your consideration in this matter.

Very truly yours,

Donald G. Burek