FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200009486 (1) 1. Corporation Name VS ENTERPRISES, INC. OF JACKSONVILLE									
Principal Place of Business			Mailing Address				1 FAUTO DAT DIA FAUTO DIA DATA AN	III sa iii ball aa ii a i	ONI DIOON HERIT CHI IODI
3550 UNIVERSITY BLVD SO. SUITE 102 JACKSONVILLE FL 32216		3550 UNIVERSITY BLVD SO.							
			SUTTE 102 JACKSONVILLE FL 3	2216					
							 Date Incorporated or Qualified 11/24/1992 	3a. Date of La 08/2	ast Report 12/1995
2. Principal Place of Business		F	Mailing Address P.O. BOX 5088			4. FEI Number 59-3154598		Applied For	
21 Suite, Apt. #. etc.		26	Suite, Ant. #, etc.	200	1000		\$0.75 Addition		Not Applicable
22		27	JACKSONVILLE. FIORIZA			A	5. Certificate of Status Desired		Fee Required
Oty & State 23		28	City & State				Election Campaign Financing Trust Fund Contribution	1 1 '	5.00 May Be
[29]	Country	20].	7Parzan	Countr	Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,		
24	25		29 2220/ 30		USA.		Florida Statutes Yes No		
9. Name and Address of Current Registered Agent					Name		10. Name and Address of New R	egistered Agen	<u>t</u>
STEFFEY, F	RED H								
6620 SOUTHPOINT DR S				82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 300									
JACKSONVILLE FL 32216					City	City		85 Zip Code	
11 Purs part to the a	nu visions of Sactions 607 0502	nd 607	1508 Florida Statuta	e the above	named eave	orați	on submits this statement for the pur	⊢L I	1 1
or registered age	ent, or both, in the State of Florida i accept the obligations of, Section	Such	change was authorize	od by the con	poration's bo	ard i	of directors. I hereby accept the appo	one or crianging pintment as regist	ered agent. I am
SIGNATURE	t roopt to congenous en expans		ooo, monos otmator.						
Standard typed or printed name of registered agent and their 12. OFFICERS AND DIRE			07000			re:1 w/		DATE	07000 1110
	PST	OITE O	DELETE	13.		5	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
SAENZ, VICTOR M. MD.			\$TE 102 1.2 NAM 1.3 STRE		· · · · · · · · · · · · · · · · · · ·		AUDIA J. JA		
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NAME					2.2 NAME				
STREET ADDRESS			23 STREET AODRESS						
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NAM)				4.2 NAME					
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NAME				6.2 NAME				L. 5.10	
STHEF ADDRESS				•	T ADDRESS				
CCY ST-MP				5.4 CITY					
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14. I do hereby cert fy that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this apply report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cast; that I am an officer or dispets of the Corporation or the receiver rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. chapter 6, or on an attachment with an address.

SIGNATURE: 4 14/0

Maach 15/96