

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000009486 (1)

1. Corporation Name

VS ENTERPRISES, INC. OF JACKSONVILLE



Principal Place of Business

Mailing Address

4134 ALHAMBRA DR W  
SUITE 102  
JACKSONVILLE FL 32207  
US

P O BOX 5088  
SUITE 102  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1992

4. FEI Number

59-3154598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8209 ASHWORTH CT.

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 JACKSONVILLE, FLORIDA

27

City & State

City & State

23

28

Zip

Country

24 32256

25

USA

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEFFEY, FRED H  
6620 SOUTHPOINT DR S  
SUITE 300  
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

SAENZ, VICTOR M. MD.  
4134 ALHAMBRA DR W  
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

8209 ASHWORTH CT.  
JACKSONVILLE, FL. 32256

TITLE NAME ☐ DELETE

SAENZ, CLAUDIA J  
4134 ALHAMBRA DR W  
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

8209 ASHWORTH CT.  
JACKSONVILLE, FL. 32256

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

CR2E034 (10/97)