

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000067959 (5)**  
 1. Corporation Name  
**VIP REFERRAL REALTY, INC.**



Principal Place of Business <b>3800 42ND AVE S ST PETERSBURG FL 33711 US</b>	Mailing Address <b>3800 42ND AVE S ST PETERSBURG FL 33711 US</b>
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3. Date incorporated or Qualified <b>09/29/1993</b>	3a. Date of Last Report <b>08/16/1995</b>
4. FEI Number <b>38-6488832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>10019 N. DALE MARRY</b>	2a. Mailing Address 26 <b>10019 N. DALE MARRY</b>
Suite, Apt. #, etc. 22 <b>SUITE 100</b>	Suite, Apt. #, etc. 27 <b>SUITE 100</b>
City & State 23 <b>TAMPA FL</b>	City & State 28 <b>TAMPA FL</b>
Zip 24 <b>33618</b>	Country 25 <b>US</b>
Zip 29 <b>33618</b>	Country 30 <b>US</b>

9. Name and Address of Current Registered Agent  
**SCHUELLER, THOMAS  
 3800 42ND AVE S  
 ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name <b>Schueller, Thomas</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>397B 41st St S</b>
83 <b>ST PETERSBURG FL 33711</b>
84 City <b>FL</b>
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 Thomas Schueller (Thomas Schueller) DATE 7/31/96

Signature by hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>SCHUELLER, THOMAS</b>	
STREET ADDRESS <b>868 WATER HYACINTH COURT</b>	
CITY - ST - ZIP <b>ST. PETERSBURG FL 33703</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS <b>397B 41st St S</b>	
14 CITY - ST - ZIP <b>ST. PETERSBURG FL 33711</b>	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Schueller (Thomas Schueller) DATE: 9/31/96 1-813-962-2200

SIGNATURE BY HAND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)