

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076204 (5)

1. Corporation Name

VCP, INC.



Principal Place of Business

7280 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON FL 33433
US

Mailing Address

FRANKLIN ENTERPRISES
520 LAKE COOK ROAD, SUITE 380
DEERFIELD IL 60015

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

MARKS, GREGORY M
C/O AKERMAN, SENTERFITT & EIDSON, P.A.
801 BRICKELL AVE., 24TH FLOOR
MIAMI FL 33131

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/03/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0416608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 the date

(Print Name of Agent if signature is not used when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

VALASSIS, DOUG T

STREET ADDRESS

520 LAKE COOK RD S325

CITY-STATE-ZIP

DEERFIELD IL

TITLE

DS

☐ DELETE

NAME

VALASSIS, D. C

STREET ADDRESS

1400 N WOODWARD S270

CITY-STATE-ZIP

BLOOMFIELD HILLS MI

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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)(b), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Valassis

4/26/96

847/945-7722

CR2E034 (12/95)