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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000083772 (2)

VI AND EDDI, INC.

KULBABINSKI, ED 801 WALNUT DR.

SEFFNER FL 33584

Principal Place of Business	Mailing Address	
801 WALNUT DR. SEFFNER FL 33584	801 WALNUT DR. SEFFNER FL 33584	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified 11/29/1993
2. Principal Place of Business	2s. Mailing Address	4. FEI Number Applied F
21	26	59-3214065 Not Appli
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required Fee Required
City & State	City & State	6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees
Zip Countr 24 25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	ss of Current Registered Agent	10. Name and Address of New Registered Agent

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.

81 Name

82

83

City

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

SIGNATURE Signature typed or probed name of requiered agent and little if applicable when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ___ DELETE Change ___ Addition 1.1 TITLE TITLE 1.2 NAME NAME KULBABINSKI, ED 801 WALNUT DR. 1.3 STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition 21 TITLE TITLE 2.2 NAME KULBABINSKI, VIOLET MAME 801 WALNUT DR. 2.3 STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CHTY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ■ Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplientental 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 officer or director of the corporation of the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE:

FILED

Feb 10 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code