SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED Jul 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P94000034350 (6) VRP, INC. Principal Place of Business Mailing Address 507 S ATLANTIC AVE 507 \$ ATLANTIC AVE ORMOND BEACH FL 32074 ORMOND BEACH FL 32074 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/06/1994 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-3240937 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BHANA, RANJANA 507 S A**tla**ntic ave. Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH FL 32074** 83 84 City Zip Code 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) (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE DELETE Change Addition CR2E034 BHANA, RANJANA NAME 1.2 NAME 507 S ATLANTIC AVE STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL 32074 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE PATEL, VASANTI NAME 2.2 NAME 1108 N ATLANTIC AVE STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-Z#P 2.4 CITY-ST-ZIP Change TITLE DELETE 3.1 TITLE BHANA, HARSHAD NAME 3.2 NAME 507 S ATLANTIC AVE STREET ADDRESS 3.3 STREET ADDRESS ORMOND BEACH FL 32074 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME

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.

DELETE

STREET ADDRESS

STREET ACCRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

1/1/ Somit

5.3 STREET ADDRESS

Change

Addition

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS