

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000039394 (9)

1. Corporation Name:
71VK, INC.



Principal Place of Business: 3708 SE 4TH STREET Ocala FL 34471
Mailing Address: 3708 SE 4TH STREET Ocala FL 34471

2. Principal Place of Business: 21 3300 S.W. 34th Avenue Suite, Apt. #, etc.: 22 Suite 148 City & State: 23 Ocala, Florida Zip: 24 34474 Country: 25 U.S.A.
2a. Mailing Address: 26 P. O. Box 367 Suite, Apt. #, etc.: 27 City & State: 28 Ocala, FL Zip: 29 34478 Country: 30 U.S.A.

3. Date Incorporated or Qualified: 05/20/1994 3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-3286749 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

PALMER, WHITFIELD M JR
3300 SW 34 AVENUE
SUITE 148
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for Registered Agent (Type or Print Name of Agent)

Signature of Registered Agent (Type or Print Name of Agent)

DATE

12. OFFICERS AND DIRECTORS

12.1 OFFICE	PD	<input checked="" type="checkbox"/> DELETE
12.2 NAME	SAINT, STEPHEN F	
12.3 STREET ADDRESS	3708 S.E. 4TH STREET	
12.4 CITY-STATE-ZIP	OCALA FL	
12.5 TITLE	VPSD	<input type="checkbox"/> DELETE
12.6 NAME	PALMER, WHITFIELD M JR.	
12.7 STREET ADDRESS	3300 S.W. 34TH AVENUE S-148	
12.8 CITY-STATE-ZIP	OCALA FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.13 TITLE		
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		<input type="checkbox"/> DELETE
12.17 TITLE		
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

13.1 TITLE	Vice President/Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	Darryl C. Lanker	
13.3 STREET ADDRESS	2365 SE Woodlea Circle	
13.4 CITY-STATE-ZIP	Ocala, FL 34471	
13.5 TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	Palmer, Whitfield M. Jr.	
13.7 STREET ADDRESS	3300 SW 34 Avenue S-148	
13.8 CITY-STATE-ZIP	Ocala, FL	
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE		
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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 its 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 omitted, or on an attached statement with an adult.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (900) 2037-6145

CR2E034 (12/95)