

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000049862 (3)**

1. Corporation Name

VTS, INC.

Principal Place of Business

**7621 SW 53 PLACE
MIAMI FL 33143**

Mailing Address

**7621 SW 53 PLACE
MIAMI FL 33143**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643**

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

06/02/1995

4. FID Number

65-0512569

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) 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 607.06(5), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

NAME of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	STEINBERG, ROBB D	
STREET ADDRESS	200 S. BISCAYNE BLVD. 7TH FLOOR	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	☐ DELETE
NAME	STEINBERG, VANESSA	
STREET ADDRESS	200 S. BISCAYNE BLVD. 7TH FLOOR	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	D	☒ Change ☐ Addition
2. NAME	Steinberg, Robb D	
3. STREET ADDRESS	7621 SW 53 PL	
4. CITY-STATE-ZIP	MIAMI FL 33143	
5. TITLE	D	☒ Change ☐ Addition
6. NAME	Steinberg, Vanessa	
7. STREET ADDRESS	7621 SW 53 PL	
8. CITY-STATE-ZIP	MIAMI, FL 33143	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

Robb Steinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96

305-667-3446

CR2E034 (12/95)