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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000057229 (4)

DOCUMENT #	P94000057229	(4
 Corporation Name 		

V-FORCE, INC. Principal Place of Business Mairing Address 2801 16TH STREET NORTH 2801 16TH STREET NORTH									
ST PETERSBURG FL 33704 ST PETERSBURG FL 3370			33704		3. Date Incorporated or Qualified				
		Ta	Mailing Address			4. FEI Number			pplied For
. Principal Place	e of Business	2a. 26	Manify Address			59-3261888		N	ot Applicable
Suite, Apt. #, (etc		Suite, Apt. #, etc		.,	5. Certificate of Status Desired			Additional
Dunie, April III,		27							equired
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
		28		Count		This corporation has liability for	r intangible tax		
Zip 	Country	<u>⊢-</u>	Zip	Count	у	Florida Statutes 🔀 Yes	s 🔲 No		
Ì	9 Name and Address of Curre	29 ont Regist	tered Agent	30		10. Name and Address of New	Registered A	\gent	
 	g. Name and Address of Corre	iii ilogiai	icrou rigott	8	1 Name				
MACICU	RICHARD N.			8	2 Charat Ada	dress (P.O. Box Number is Not Accepta	able)		
	I STREET NORTH			ľ	2 Street Add	ITESS (I C. DO. TO.)			
	ISBURG FL 33704			8	3				
SIFEILM	IODONO 1 E OO! O!				14 City			85 Zip	Code
					1 ' '	oration submits this statement for the pleart of directors. Thereby accept the ap	<u>FL</u>	1 1	
	ignature, typed or printed name of regulariou age OFFICERS A					red wwn receivings		DIDECTO	
	OI FIQUES A	IND DIREC		13.		ADDITIONS/CHANGES TO OF	FLICERS AND	Change	
	P	IND DIREC	DELETE	1 1 111	ļ	ADDITIONS/CHANGES TO OF	FIICERS AND	Change	Addition
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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. Further 14. I do hereby certify that the information indicated on this annual report or supplymental agenta; report is true and accurate and that my signature shall have the same legal effect as if made undo certify that the information indicated on this annual report or supplymental agenta; report is true and accurate and that my signature shall have the same legal effect as if made undo certify that I am an officer or director of the corporation or the recorder or tracket empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes are on a attainment with paddoress.

SIGNATURE:

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/10/96 5:13-896-4117

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