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 # P9400060811 (4)

VCG ASSOCIATES CORP.

FILED Apr 14 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address							
6342 FOREST HILL BLVD 6343 FOREST HILL BI							
269		209		DO NOT WRITE IN THIS SPACE			
W. PALM BEACH FL 33415 US		W. PALM BEACH FL 33415 US		3. Date Incorporated or Qualified			
•••		•			08/17/1994		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For	
21		 		65-0521236	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	<u></u>		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		B. This corporation owes or has paid the d			
24	26	- H	o		Personal Property Tax due June 30.	Yes X No	
	g. Name and Address of Curre		7		10. Name and Address of New Registers		
RI.	ASI, GERTRUDE		81	Name		-	
6342 FOREST HILL BLVD.				O A-1-	di		
289		82	Street Add	dress (P.O. Box Number Is Not Acceptable)			
W. PALM BEACH FL 33415			83				
***	TALM DEACTITE 55415		L				
			84	City	F	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
				ent signature requ	ulred when reinstating) DATE		
12. TITLE	OFFICERS AN	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition	
	BLASI, GERTRUDE	C Deteri				Change C Working	
NAME	6848 PARISIAN WAY		1.2 NAME			1	
STREET ADDRESS	LAKE WORTH FL	VE WORM C		ADDRESS		1	
CITY-ST-ZIP TITLE	e e	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP		Change Addition	
	BLASI, VALERIE	LJ DELENE				Change C Addition	
NAME	56 GIBSON ROAD		2.2 NAME				
STREET ADDRESS	AM FORD OO		2.3 STREET		*		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Channa Addition	
TITLE	<u> </u>	☐ DETER	3 1 TITLE			☐ Change ☐ Addition	
NAME	BLASI, CHRISTOPHER	r 40	3.2 NAME				
STREET ADDRESS	2317 N CONGRESS AVE APT 12		3.3 STREET	1			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	The state of the s	[] Ottoo [] 42 (99)	
TITLE	DIACL ODCOODY	DELETE	4.1 TITLE			Change Addition	
NAME	BLASI, GREGORY		4. 2 NAME	ĺ			
STREET ADDRESS	ARE MORTH C		4.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-S	IT - ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		·	5.4 CITY-S	T-ZIP			
TATLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T- 21P			

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.

SIGNATURE

Bertuila

Blan.

4/1/98

561-967-7254