

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # P94000063098 (5)

1. Corporation Name  
VICARK, INC.



Principal Place of Business  
10549 N. FLORIDA AVE.  
SUITE K  
TAMPA FL 33612

Mailing Address  
10549 N. FLORIDA AVE.  
SUITE K  
TAMPA FL 33612-6707

3. Date Incorporated or Qualified 08/26/1994  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business  
21 13902 N. Dale Mabry Hwy  
Suite, Apt. #, etc.  
22 Suite 165  
City & State  
23 Tampa, Florida  
Zip Country  
24 33618 25 USA

2a. Mailing Address  
26 13902 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.  
27 Suite 165  
City & State  
28 Tampa, Florida  
Zip Country  
29 33618 30 USA

4. FEI Number 59-3264187  
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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MYERS, W. PARKINSON  
10549 N. FLORIDA AVE.  
SUITE K  
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name W. Parkinson Myers  
82 Street Address (P.O. Box Number is Not Acceptable)  
13902 N. Dale Mabry Hwy.  
83 Suite 165  
84 City Tampa FL 85 Zip Code 33618

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 W. Parkinson  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FRANSON, VICTOR R	
STREET ADDRESS	8221 OLD COURTHOUSE RD., SUITE 204	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	D	DELETE
NAME	MYERS, W. PARKINSON	
STREET ADDRESS	10549 N. FLORIDA AVE., SUITE K	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	XX Change	Addition
2.2 NAME	Myers, W. Parkinson		
2.3 STREET ADDRESS	13902 N. Dale Mabry Hwy., Suite 165		
2.4 CITY-ST-ZIP	Tampa, Florida 33618		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: W. Parkinson

CR2E034 (9/96)