

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000007189 (0)
1. Corporation Name
THE VSZ CO.



Principal Place of Business Meeting Address
**600 WESTON POINTE CT.
LONGBOAT KEY FL 34228**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Meeting Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report
4. FEI Number 65-0554001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for understate tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

81	Name
82	Street Address if O. Box Number is Not Applicable
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0002 and 607.1503, Florida Statutes, the above named corporation with its statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, said 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 607.0005, Florida Statutes.

SIGNATURE _____ (Name) _____ (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD PEPE, JOSPEH R	NAME	
STREET ADDRESS	600 WESTON POINTE CT. LONGBOAT KEY FL 34228	STREET ADDRESS	
CITY, ST, ZIP	VSD	CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPE, DAVID	NAME	
STREET ADDRESS	600 WESTON POINTE CT. LONGBOAT KEY FL 34228	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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*****200.00**

14. I do hereby certify that the information supplied in this filing is a true and correct statement of the business as stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report of each officer's 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 predecessor or successors and was duly elected to the position as reported as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an additional page with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

CR2E034 (12/95)

8m
3-30-1996