

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90060 015 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000007189**

1. Corporation Name  
**THE VSZ CO.**



Principal Place of Business: ~~600 WESTON POINTE CT. LONGBOAT KEY FL 34228~~  
 Mailing Address: ~~600 WESTON POINTE CT. LONGBOAT KEY FL 34228~~

**1600 OAKHURST AVE**      **1600 OAKHURST AVE**

|                                |                     |   |   |                |
|--------------------------------|---------------------|---|---|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 4. FEI Number   | Applied For    |
| 21                             | 26                  | 01/27/1995  | 65-0554001  | Not Applicable |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |                |
| 22                             | 27                  | <input type="checkbox"/>  |   |                |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be Added to Fees   |                |
| 23 WINTER PARK FL              | 28 WINTER PARK FL   | <input type="checkbox"/>  |   |                |
| Zip                            | Country             | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                |
| 24 32789                       | 25 USA              | 29 32789  | 30 USA  |                |

DO NOT WRITE IN THIS SPACE

|   |  |   |             |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent                                 |  | 10. Name and Address of New Registered Agent          |             |
| CORPORATION INFORMATION SERVICES, INC.<br>1201 HAYS ST.<br>TALLAHASSEE FL 32301 |  | 81 Name   | 85 Zip Code |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |             |
|   |  | 83  |             |
|   |  | 84 City   | FL          |

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: David Pepe **DAVID PEPE** (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEPE, JOSEPH R                      | 1.2 NAME  |   |
| STREET ADDRESS             | 600 WESTON POINTE CT.               | 1.3 STREET ADDRESS                                    | 1600 OAKHURST AVE   |
| CITY-ST-ZIP                | LONGBOAT KEY FL 34228               | 1.4 CITY-ST-ZIP                                       | WINTER PARK FL 32789  |
| TITLE                      | VSD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEPE, DAVID                         | 2.2 NAME  |   |
| STREET ADDRESS             | 600 WESTON POINTE CT.               | 2.3 STREET ADDRESS                                    | 1650 OAKHURST AVE   |
| CITY-ST-ZIP                | LONGBOAT KEY FL 34228               | 2.4 CITY-ST-ZIP                                       | WINTER PARK FL-32789  |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Joseph R. Pepe      1/11/99      407-647-6145  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRZE034 (11/98)