

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21

2a. Mailing Address
 26

3. Date Incorporated or Qualified
01/27/1995

4. FEI Number
65-0554001

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **WINTER PARK FL**

City & State
 28 **WINTER PARK FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 **32789** 25 **USA**

Zip Country
 29 **32789** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 David Pepe **DAVID PEPE**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DELETE
 NAME **PTD PEPE, JOSPEH R**
 STREET ADDRESS **600 WESTON POINTE CT.**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **1600 OAKHURST AVE**
 1.4 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE DELETE
 NAME **VSD PEPE, DAVID**
 STREET ADDRESS **600 WESTON POINTE CT.**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **1650 OAKHURST AVE**
 2.4 CITY-ST-ZIP **WINTER PARK FL-32789**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 707-647-6145
 Date Daytime Phone #

CRZE034 (11/98)