

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90098 026 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT #P95000009918**

1. Corporation Name  
**V.I.C. ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

363 MENASHE COURT  
 LONGWOOD FL 32779

363 MENASHE COURT  
 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/02/1995**

4. FEI Number

**59-3294884**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **577 Sabal Lake Dr**

28 **577 Sabal Lake Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apt 203**

27 **Apt 203**

City & State

City & State

23 **Longwood, FL**

28 **Longwood, FL**

Zip

Country

Zip

Country

24 **32779**

25

29 **32779**

30

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

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

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

**CULBERTSON, HEIDI**  
**363 MENASHE COURT**  
**LONGWOOD FL 32779**

81 Name

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

**577 Sabal Lake Dr Apt 203**

83

84 City

**Longwood**

**FL**

85 Zip Code

**32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **CULBERTSON, HEIDI**  
 STREET ADDRESS **363 MENASHE COURT**  
 CITY-ST-ZIP **LONGWOOD FL**

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS **577 Sabal Lake Dr Apt 203**  
 1.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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

SIGNATURE **Heidi Culbertson** **REQUIRED**

**1/27/99**

Date

**(407) 862-4770**

Daytime Phone #

CR2E034 (1/198)