

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013567 (9)

1. Corporation Name

VSI VACUUM SCIENCE INSTRUMENTS INC.



Principal Place of Business

Mailing Address

443 W. VINE STREET
KISSIMMEE FL 34741

443 W. VINE STREET
KISSIMMEE FL 34741

3. Date Incorporated or Qualified

02/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1633 E. Vine St

26 1633 E. VINE ST.

4. FEI Number

59-3280485

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 SUITE 208

27 SUITE 208

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 KISSIMMEE, FL

28 KISSIMMEE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 34744

29 34744

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, ROBERT S
443 W. VINE STREET
KISSIMMEE FL 34741

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

Signature typed or printed name of registered agent and not applicable

NOTE: Registered Agent signature required after rechartering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS KRUGER, HEINZ J
CITY- ST- ZIP 443 W. VINE STREET
KISSIMMEE FL 34741

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1633 E. VINE STREET, SUITE 208
1.4 CITY- ST- ZIP KISSIMMEE, FL 34744

TITLE ☐ DELETE

NAME VSTD
STREET ADDRESS HANKS, BERNARD F
CITY- ST- ZIP 443 W. VINE STREET
KISSIMMEE FL 34741

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1633 E. VINE STREET, SUITE 208
2.4 CITY- ST- ZIP KISSIMMEE, FL 34744

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Hanks

(X)

3/25/96

Daytime Phone

407-935-9422

CR2E034 (12/95)