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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90257 036 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000014118

1. Corporation Name
VI-ANN, INC.



Principal Place of Business
 1103 E. ALTAMONTE DRIVE
 ALTAMONTE SPRINGS FL 32701

Mailing Address
 1103 E. ALTAMONTE DRIVE
 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1995

4. FEI Number
59-1423710

Applied For
 Not Applicable

2. Principal Place of Business
 21 **1103 E ALTAMONTE DR**

2a. Mailing Address
 26 **1103 E ALTAMONTE DR**

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

22 Suite, Apt. #, etc.
 23 **ALTAMONTE SPRINGS, FL**

27 Suite, Apt. #, etc.
 28 **ALTAMONTE SPRINGS, FL**

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

24 **32701** 25 **SEMINOLE**

29 **32701** 30 **SEMINOLE**

8. This corporation owes the current year Intangible Personal Property Tax. **PD 1/30/99** Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERR, ORVILLE G
 1103 E. ALTAMONTE DRIVE
 ALTAMONTE SPRINGS FL 32701

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 **ORVILLE G. HERR**

Orville G. Herr

2/25/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERR, MARTHA E	
STREET ADDRESS	1103 E. ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HERR, ORVILLE G	
STREET ADDRESS	1103 E. ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ORVILLE G. HERR** *Orville G. Herr* **2/25/99** **407 834 2241**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)