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 # **P95000023684 (0)**

1. Corporation Name

V.I.E. MANUFACTURING CORP.

Principal Place of Business

2110 DREW STREET SUITE 9
CLEARWATER FL 34625

Mailing Address

2110 DREW STREET SUITE 9
CLEARWATER FL 34625

3. Date Incorporated or Qualified: **03/23/1995**

3a. Date of Last Report:

4. FEI Number: 59-3303958 ☐ Applied For ☐ Not Applicable

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

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

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

21	2. Principal Place of Business
22	Suite, Apt. #, etc.
23	City, & State
24	Zip
25	Country
26	2a. Mailing Address
27	Suite, Apt. #, etc.
28	City, & State
29	Zip
30	Country

9. Name and Address of Current Registered Agent

TSAMBIRAS, ELIAS
2110 DREW STREET SUITE 9
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

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 607.1505, 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: X E.P. Tsambiras 4/10/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TSAMBIRAS, ELIAS	
STREET ADDRESS	2110 DREW STREET SUITE 9	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	VD	☐ DELETE
NAME	PAPPAS, GEORGE	
STREET ADDRESS	2110 DREW STREET SUITE 9	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	SD	☐ DELETE
NAME	EFREMIDES, THEO	
STREET ADDRESS	2110 DREW STREET SUITE 9	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	TD	☐ DELETE
NAME	TSAMBIRAS, ELIZABETH	
STREET ADDRESS	2110 DREW STREET SUITE 9	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (CONT'D)

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true. I further certify that this corporation is currently qualified and 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.

SIGNATURE: X E.P. Tsambiras PRESIDENT ELIAS TSAMBIRAS 4/10/96 813-443-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)