

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039874 (9)

1. Corporation Name

VH AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

12837 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

12837 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2a. Mailing Address

21 11575 US Hwy One #25

26 2626 P6A Blvd #104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 N. Palm Bch. FL

27 #104
28 Palm Bch Gdns FL

24 Zip 33408 25 Country USA

29 Zip 33410 30 Country USA

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1995

4. FEI Number

Applied For
Not Applicable

65-0586432

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICARI, MARK T
12837 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

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 of person who is authorized to change the registered office or registered agent

Signature of person who is authorized to change the registered office or registered agent

Signature of person who is authorized to change the registered office or registered agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VICARI, MARK T
STREET ADDRESS 12837 CALAIS CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE D
NAME HARRIMAN, DAVID W
STREET ADDRESS 11 SOUTHERN CROSS CIRCLE #108
CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 contained 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARK VICARI

8-4-96

561-691-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)