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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500039874 (9)

VH AND ASSOCIATES, INC.

6217 COUNTRY FAIR CIRCLE 12837 CALAIS CIRCLE BOYNTON BEACH FL 33437 SUITE 101 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33410 3. Date Incorporated or Qualified 05/19/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26 65-0586432 Not Applicable 21 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Country Personal Property Tax due June 30. Yes 24 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HARRIMAN, DAVID 6217 COUNTRY FAIR CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 84 Zip Code City 85 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 ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ___ Addition DELETE Change 1.1 TITLE TITLE 1.2 NAME VICARI, MARK T NAME 1.3 STREET ADDRESS 12837 CALAIS CIRCLE STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY - ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE 2.2 NAME HARRIMAN, DAVID W NAME 6217 COUNTRY FAIR CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** 2. 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CiTY - ST - ZiP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 14. I hereby certify that the information sopplied 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 for 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 of 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 of on an attachment with an address

SIGNATURE:

avel of Flancing

1-6-98 561-738-5471

FILED

Jan 30 1998 8:00am

Secretary of State