SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Jul 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049949 (7)					
V.P.I., INC.					
ļ					
Principal Plac	ce of Business	Malling Address			#
3459 W VINE		3459 W VINE ST			
KISSIMMEE FL 34741 KISSIMMEE FL 34741					
				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE
				06/26/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			59-3330021	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 27				Fee Required	
23 City & Sta	City & State City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
1	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registere	
CUTTITO, JOHN S B1 Name WALTER M. ARENA					
3459 W VINE ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
KISSIMMBE FL 34741			3459	W. VINE ST.	
			83		
			84 City		85 Zip Code
NISSIMMPP					
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		ations 61, section 607.0505, FI	WALTER M.	Danie Park 7/	12/90
	Signature, typed or printed name of registered ager		OTE: Registered Agent signature re-	quired when reinstating) DATE	
12.	Y	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE NAME	D CUTTUTO IOUNI 6	DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	CUTTITO, JOHN S 3459 W VINE ST		1.2 NAME		
CITY-ST-ZIP	KISŞIMMEE FL 34741		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ARENA, WALTER		2.2 NAME		Change L_ Addition
STREET ADDRESS	3459 W VINE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISŞIMMEE FL 34741		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		<u> </u>	3.4 CITY-ST-ZIP		
NAME		[] DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		FTI AFTER	5.2 NAME		CT CHOING T MORROW
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADORESS	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		6.3 STREET ADDRESS		
CITY-ST-ZIP			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.