

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000069643

1. Corporation Name Vapex, Inc.

Principal Place of Business

Mailing Address

Vapex, Inc.  
220 Mary Jess Rd.  
Orlando, FL 32839

3. Date Incorporated or Qualified

8-21-95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

593331277

Applied For

Not Applicable

22

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24

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

Darrel Resch  
567 S. Sundance Dr.  
Lake Mary, FL 32746

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

*Darrel Resch*  
Signature, typed or printed name of registered agent and title, if applicable

Darrel Resch, President

4-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. 1 TITLE Vice President ☐ Change ☒ Addition  
1.2 NAME Avron Bryan  
1.3 STREET ADDRESS 26 Country Club Road  
1.4 CITY-ST-ZIP Cocoa Beach, Florida

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2. 1 TITLE Treasurer/Secretary ☐ Change ☒ Addition  
2.2 NAME Laura Scott  
2.3 STREET ADDRESS 220 Mary Jess Road  
2.4 CITY-ST-ZIP Orlando, Florida 32839

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition  
5.2 NAME 500001814145  
5.3 STREET ADDRESS -05/09/96--01009--008  
5.4 CITY-ST-ZIP \*\*\*208.75

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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

*Darrel Resch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 407-857-1470

Date

Daytime Phone #

CR2E034 (12/95)