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PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000073656 (7)

1. Corporation Name

VICVAN, INC.

Principal Place of Business	Mailing Address
9321 RUSTIC PINES BLVD. SEMINOLE FL 34646	9321 RUSTIC PINES BLVD. SEMINOLE FL 34646

3. Date Incorporated or Qualified	**3a.** Date of Last Report
09/22/1995	

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	**4.** FEI Number 59-3337016 — Applied For / Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**5.** Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State **23**	City & State **28**	**6.** Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
Zip **24** / Country **25**	Zip **29** / Country **30**	**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
PURVEY, KENNETH G. H 9321 RUSTIC PINES BLVD. SEMINOLE FL 34646	**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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME PURVEY, KENNETH G. H STREET ADDRESS 9321 RUSTIC PINES BLVD. CITY-ST-ZIP SEMINOLE FL 34646	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PURVEY, VICKIE L STREET ADDRESS 9321 RUSTIC PINES BLVD. CITY-ST-ZIP SEMINOLE FL 34646	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 3/13/96   Daytime Phone # 813/399-9127