FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mt-tham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000008537** (8)

V. C. M. ENTERPRISES, INC.

FILED

JUL -9 PM 1: 36

SECRETARY OF STATE

Principal Place	e of Business	Mailing Address					
121 SE 4TH ST SATELLITE BEAC	CH FL 32937	121 SE 4TH ST SATELLITE BEACH FL 329	37-2131				
					3. Date Incorporated or Qualified 01/24/1996	3a. Date of La	ist Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21 1318	Lake washington Kood				51-543+00+	40.	Not Applicable
Suite, Apt. #, etc. 27 Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 '	75 Additional ee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 Zip 3247	Country A	Zip 29	Countr 30	У	1] Yes 🔲 No	ier s. 199.032,
<u> </u>	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re-	gistered Agent	
MOO	RE, VAN C		81	Name			
121 SE 4TH ST SATELLITE BEACH FL 32937				Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
V1116			83				
			84	City		FL 85	Zip Code
44 Purguant	to the previous of Sections 607.0502	and 607 1508 Florida Statu	tes the abov	re-named co	rporation submits this statement for the p	urpose of changi	ing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such chance was	authorized b	w the corner	ation's board of directors. I hereby accep	of the appointmen	nt as registored
-	m ramiliar wall, and accept inclinity and			์ (ชิส (ชิ	ve) 5	11197	
SIGNATURE	Signature, typical or printed name of registered agent a	ind title if applicable (NO	<i>UUT 1 U</i>		quired when reinstating)	DATE	
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFIC		
YITLE	DPST	DELETE	1.1 TITLE			Cha	*
NAME	MOORE, VAN C		1.2 NAME		1000,022	BBBB	19
STREET ADDRESS	121 SE 4TH ST			1 ADDRESS		9701123 	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	DELETE	1.4 CITY- 2.1 TrTLE	ST-7IP	****16	5,00 ककक ☐ Cha	*165.00 ange Addition
TITLE		C petent					ingo E riusinon
NAME			2.2 NAME	T ADDRESS			
STREET ADDRESS			2.4 DITY	Ţ			
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	-31-211		Cha	ange Addition
NAME		-	3 2 NAME				
STREET ADDRESS				LADDRESS			
CITY-ST-ZIP	,		3.4. CITY	-S1-7IP		<u> </u>	
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ange Addition
NAME			4. 2 NAM	F			
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY	S1-ZIP		, , , , , , , , , , , , , , , , , , ,	
TITLE		DELETE	5.1 TITLE			☐ Cha	ange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		Driete	5.4 CITY -	ST-ZIP		☐ Cha	ange Addition
TITLE		☐ DELETE	6.1 TITLE	.		L) Ulla	Jingo LJ ACOIIIOS
NAME			6.2 NAM				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		with this filling does not a sol	6.4 CITY		tod in Section 119 07/3)(i). Florida Statute	s. I further cortifu	that the

I do 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 logal effect as if made under eath; 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 phangled, or on an attachment with an address.