

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013809 (4)
 1. Corporation Name
V.M.A., INC.



Principal Place of Business 27 S ORCHARD ST ORMOND BEACH FL 32174	Mailing Address 27 S ORCHARD ST ORMOND BEACH FL 32174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/09/1996	4. FEI Number 59-3386231
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PALMER, ROBERT M 2300 GLADES RD BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name DONALD E. HAWKINS, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 501 South Ridgewood Avenue 83 84 City Daytona Beach FL 85 Zip Code 32114
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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]* **03/23/98**
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 VP	<input type="checkbox"/> DELETE	1.1 TITLE VP/DIR/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VISCOMI, VINCENT		1.2 NAME	
STREET ADDRESS 3 CROOKED TREE TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP ORMOND BCH FL		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		2.2 NAME P/D	
STREET ADDRESS <input type="checkbox"/> DELETE		2.3 STREET ADDRESS AXINN, DONALD EVERETT	11753
CITY-ST-ZIP <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP 131 Jericho Turnpike, Jericho, NY	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		3.2 NAME S/D	
STREET ADDRESS <input type="checkbox"/> DELETE		3.3 STREET ADDRESS HANSARD, WILLIAM C.	32174
CITY-ST-ZIP <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP 4 Canterbury Woods, Ormond Bch, FL	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		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 registered 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]* **3-23-98** *904/676-0105*

CP2E034 (10/97)