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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **P**C

DOCUMENT # P9600049397 (8) VICAN INVESTMENTS, INC.

FILED Apr 17 1997 8:00am Secretary of State



Principal Place of Bu	Isiness	Mailing Addre	ess			ם הוופס אותם וחוום פווסו פנו נפסונספו ו	Bill Maill AlbiA İblah II	itin rikiti inni inni
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						3. Date Incorporated or Qualified 06/10/1996	3a. Date of l	ast Report
2. Principal Flace of		2a. Mailing Ad	ldress		1, 7	4. FEI Number 45-06846	14	Applied Fo
Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt.	#, etc.		· ·	5. Certificate of Status Desired	\$8	.75 Additiona
City & State		City & Stat	te			Election Campaign Financing Trust Fund Contribution	\$!	5.00 May Be
3] Zip	Country	Ζφ		Count	ry	8. This corporation has liability for		
<u> </u>	25	29		30	···	Florida Statutes	Yes No	
	Name and Address of Curre	ent Registered Agen	<u> </u>		1 Name	10. Name and Address of New I	legistered Agent	
DANTE, V				Ľ	Name			
1911 N.E. NORTH M			8	2 Street	Address (P.O. Box Number is Not Accept	able)		
				8	3			
				8	4 City		FL 85	Zip Code
agent ham lami SIGNATURE	iliar with land accept the obli	gations of Section 60	37,0505, Flor	nda Statut	es.	corporation submits this statement for the poration's board of directors. I hereby acc		
2.	i fyoed or printed name of registered a OF LECEDS A	DOD DIRECTORS	(NOTE:	13.	gent signature	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTORS IN 12
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Too nereby comity that the information supplies whithing does not qualify not the exemption states in section 119.07(3)(), Florida statutes. Thinker certify that 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 comporation 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 chapted, or on an attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 305-949-2526

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