SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063891 (1)

Country

9. Name and Address of Current Registered Agent

25

DEUTCHMAN, STEPHEN D 5104 JEANNINE COURT

ORLANDO FL 32807

VIRTUOPERATIVE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address	
5104 JEANNINE COURT ORLANDO FL 32807	5104 JEANNINE COURT ORLANDO FL 32807	

26

27

28 Zip

29

Mailing Address

Suite, Apt. #, etc.

City & State

FILED Aug 18 1997 8:00am Secretary of State



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.

Country

81

82

83

Name

Street Address (P.O. Box Number is Not Acceptable)

30

SIGNATURE			<u></u>			
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 DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	DEUTCHMAN, STEPHEN D	1.2 NAME	•			
STREET ADDRESS	5104 JEANNINE COURT	1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY - ST - ZIP				
TITLE	DELETE	2.1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2 4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CHTY-ST-ZIP				
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY - ST - ZIP				
TITLE	DELETE	5.1 TITLE	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-S1-ZIP				

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 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 charging in on an attachment with an address.

:R2E034 (4/97)

Zip Code