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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067498 (1)

VIP CRE	ATIONS, INC.						
Principal Place		Mailing Address				ns mårre mistre somst æsond hårde (m)r soms	
\$851 CAMINO DEL SOL \$851 CAMINO DEL SOL #300 #300							
BOCA RATON FL 33433 BOCA RATON FL 33433-6541							
					3. Date Incorporated or Qualified 08/12/1996	3a, Date of Last Report	
2. Principal Pl	lace of Business Wiles Road	2a. Mading Address 26 9/30 Wiles	ROAC	J	4, FEI Number 65-0687480	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt, #, etc.	, indust	4	5. Certificate of Status Desired	\$8.75 Additional	
City & State	h	City & State				Fee Hequired	
23 Corp	Springs Fl	28 Com Spri	ngs ,	F/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ	Country	Zip	Country		8. This corporation has liability for		
24 3 3 0 6 7 25 29 3 3 0 6 7 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent		
WAI	TERS, PENNY L	it ueftereien wheiit	81	Name	10, Aprile and Address of New No.	Sistored Winit	
	1 CAMINO DEL SOL		82	Street Add	ress (P.O. Box Number is Not Acceptal	nle)	
#30							
800	CA RATON FL 33433		83				
			84	City		FL 85 Zip Code	
SIGNATURE.					poration submits this statement for the j tion's board of directors. I hereby acce		
	Signature, typed or printed name of registered agr OFFICERS AN		13.	ni bignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
12.	PTD	DELETE	1.1 Trīlē	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO CITY	Change Addition	
NAME	CUPP, VICKI R		1.2 NAME				
STREET ADORESS	5851 CAMINO DEL SOL #30	20	1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 City-S	T-ZIP			
TITLE	VSD	DELETE	2.1 TITLE			Change Addition	
NAME	WALTERS, PENNY L	^	2.2 NAME				
STREET ADDRESS	5851 CAMINO DEL SOL#30 BOCA RATON FL 33433	o	2.3 STREET	1			
CITY - S1 - ZIP	DOWN HAIVIN I L WOTON	DELETE	2.4 CITY-5 3.1 TITLE	II-ZIP		Change Addition	
NAME		Second and the second	32 NAME		**	in, the confer to the second	
STREET ADORESS			3.3 STREET	ADDRESS		<u>'</u>	
City-St-Zip			3.4. CITY - 9				
TITLE	o mangang 44 M h. shookan maran gayang — FFN 1854 Mhookan mana gaya 444 MAAA kadanda adada adada aya	☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CHY-ST-ZIP		DE LEE	4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	5.1 Trile			☐ Change ☐ Addition	
NAMÉ			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CHTY-ST-ZDF		☐ DELETE	54 CITY-S	I - ZIP		Change Addition	
TITLE		☐ DÉTE1€	61 TITLE		•	Finange Finandina	
NAME Sagret Appropries			62 NAME	*ODOLGG			
STREET ADDRESS			6.3 STREET	ſ			
CITY-ST-ZIP			6.4 CITY - S	1 - ZIF			

14. 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 comporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if hanged, or on an attachment with an address.

SIGNATURE:

OF HOUNG OFFICER OR DIRECTOR

FILED

Apr 14 1997 8:00am

Secretary of State