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 # P96000080929 (8)

VBS HC	OLDING CORP.			 	:
Principal Place of Business 200 EAST LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE FL 33301		Mailing Address 200 EAST LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE FL 33301-2248			
				 Date Incorporated or Qualified 09/26/1996 	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0724101	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Current		30]	Florida Statutes 10. Name and Address of New Re	Yes X No
BRINKLEY, W. MICHAEL 61 Name				IV. Name and Address of New No.	Jistelen Ağelit
200 EAST LAS OLAS BLVD			B2 Street Add	dress (P.O. Box Number is Not Acceptab	dol
SUITE 1800				uress (F.O. DOX Number is NOT Acceptab	
FOR	IT LAUDERDALE FL 33301		83		
			84 City		FL 85 Zip Code
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					
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					
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature requ	ireo when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TOLE	D	DELETE	1.1 TITLE	110011101101101111111111111111111111111	Change Addition
NAME	FAULKNER, CHARLES O		1.2 NAME		
STREET ADDRESS	3023 LUCANN		1.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN 46033		1.4 CITY - ST - ZIP		
TITLE	D DONNIA	☐ DELETE	2.1 TITLE		Change Addition
NAME OTOTET ADDRESS	QUALMANN, DONNA 7550 HINSON ST, APT 10C		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32819		2.3 STREET ADDRESS 2.4 CITY-S1-ZIP	•	
TITLE	D	DELETE		ecords Officer	Change X Addition
NAME	WIGGINS, RICHARD B III		3.2 NAME	37373	v
STREET ADDRESS	10 FAIRWAY DRIVE, STE 205		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		man Date in	5.2 NAME		C 2 com No C 1 Undefinit
STREET ADDRESS			59 STHEET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6) TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS		•	63 STREET ADDRESS		

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 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 Silyck 13, changed, or on an attachment with an address.

64 DITY-ST-ZIP

MONATURE / July 1 Aug XI

TOULAND B. LITCOING T

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944-970-4211

FILED

May 06 1997 8:00am

Secretary of State