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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Change

Addition

"Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081527 (9)

VC INVESTORS, INC.

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

31622 U.S. HIGHWAY 19 NORTH 31622 U.S. HIGHWAY 19 NORTH PALM HARBOR FL \$4684 PALM HARBOR FL 34684-3723 3. Date incorporated or Qualified 3a. Date of Last Report 09/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation has liability for intangible tax wider s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEAHON, LAWRENCE P 31622 U.S. HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PALM HĀRBOR FL 34684 83 84 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 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, typod or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE TITLE Addition 1.1 TILLE Change LEAHON, LAWRENCE P NAME 1.2 NAME 31622 U.S. HIGHWAY 19 NORTH STREET ADDRESS 1.3 \$1REE1 ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 1.4 CHY - S1 - ZIF DELETE 2.1 TILLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-7IP Drune TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-S1-7IP DETETE Change TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 🔲 DELETE TITLE 5.1 THE Addition NAME 5.2 NAME STREET ADDRESS 5.3 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or tipick 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE