

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000043760 (2)**  
1. Corporation Name  
**VRC DAKOTA, INC.**

Principal Place of Business: **127 JOHN SIMS PARKWAY VALPARAISO FL 32580**  
Mailing Address: **127 JOHN SIMS PARKWAY VALPARAISO FL 32580**

3. Date Incorporated or Qualified: **05/16/1997**  
4. FEI Number: **59-3448716**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**WEST, TERESA W  
127 JOHN SIMS PARKWAY  
VALPARAISO FL 32580**

10. Name and Address of New Registered Agent  
81. Name: **FEDONCZAK, TERESA W.**  
82. Street Address (P.O. Box Number is Not Acceptable): **127 JOHN SIMS PARKWAY**  
83. City: **VALPARAISO** FL 85. Zip Code: **32580**

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: *Teresa W. Fedonczak* **TERESA W. FEDONCZAK - DIRECTOR** 1-21-98 DATE

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>RILEY, JUDITH BYRNE</b>               |
| STREET ADDRESS | <b>127 JOHN SIMS PARKWAY</b>             |
| CITY-ST-ZIP    | <b>VALPARAISO FL 32580</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>RILEY, PATRICK E II</b>               |
| STREET ADDRESS | <b>127 JOHN SIMS PARKWAY</b>             |
| CITY-ST-ZIP    | <b>VALPARAISO FL 32580</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>WEST, TERESA W</b>                    |
| STREET ADDRESS | <b>127 JOHN SIMS PARKWAY</b>             |
| CITY-ST-ZIP    | <b>VALPARAISO FL 32580</b>               |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS | <i>Per Peggy on 7/9/98</i>               |
| CITY-ST-ZIP    | <i>FEI # entered</i>                     |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 1.2 NAME           | <b>RILEY, JUDITH BYRNE</b>  |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 2.2 NAME           | <b>BYRNE, PATRICK E. II</b>   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <b>V/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>FEDONCZAK, TERESA W.</b>   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS | <b>\$ bank</b>  |
| 6.4 CITY-ST-ZIP    |   |

14. I 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 changed, or on an attachment with an address.

SIGNATURE: *Teresa W. Fedonczak* 1-21-98 850-678-7812

CR2E034 (10/97)