


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000096427 1. Corporation Name VWS GROUP, INC.			
Principal Place of Business THERREL BAISDEN, P.A. ONE SE 3RD AVENUE #2400 MIAMI FL 33131		Mailing Address THERREL BAISDEN, P.A. ONE SE 3RD AVENUE #2400 MIAMI FL 33131	



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 185 KNUITSEN FARM RD 23 City & State SEQUIM, WA 24 Zip 98382 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 185 KNUITSEN FARM RD 28 City & State SEQUIM, WA 29 Zip 98382 30 Country		3. Date Incorporated or Qualified 11/06/1997	
4. FEI Number 65-0796075		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name Jamie Byington 82 Street Address (P.O. Box Number is Not Acceptable) 6401 SW 87 Avenue Suite 210 83 84 City MIAMI FL 85 Zip Code 33173	
9. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESO SUNTRUST INTERNATIONAL CENTER ONE SE 3RD AVENUE #2400 MIAMI FL 33131					

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

Jamie Byington
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required When Reinstating)

4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE SKAKEL, VIRGINIA W 1525 NORTHVIEW DRIVE SUNSET ISLAND 1 MIAMI BEACH FL 33140	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE O'NEIL, VIRGINIA 1525 NORTHVIEW DRIVE SUNSET ISLAND 1 MIAMI BEACH FL 33140	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

Virginia O'Neil
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

Date

360 685-5975

Daytime Phone #

CR2E034 (1/98)