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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097713 (6)

FILED Jan 27 1998 8:00am Secretary of State

VASU,	INC.					
Principal Plac	e of Business	Mailing Address			ON TOWNS TO SEE STATE OF SERVICE SERVI	
60 N 7 STREET MACCLENNY FL \$2063		60 N 7 STREET MACCLENNY FL 32063		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 11/13/1997		
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		59-3482750	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional	
22		27			-	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Ζιρ	Country	Trust Fund Contribution	Added to Fees	
 -	25		<u>├</u> ~~	8. This corporation owes or has paid the curren Personal Property Tax due June 30.		
24	g. Name and Address of Curre	29 Agent		10. Name and Address of New Registered Age		
DΔ	TEL, VILAS D		81 Name	,,,		
60 N 7 STREET						
MACCLENNY FL 32063			B2 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
THE	OOLEMIN I'E OLOO		83			
			84 City	FL	35 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta im familiar with, and accept the obli	e of Florida. Such change was	authorized by the corp	corporation submits this statement for the purpose of ch poration's board of directors. I hereby accept the appoin	anging its registered tment as registered	
SIGNATURE						
	Signature, typed or printed name of registered a	gent and title if applicable. (NO ND DIRECTORS	1E: Registered Agent signature			
12. TITLE	OFFICERS A	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DI	Change Addition	
		otter	1.1 HILE 1.2 NAME	VILAS A. PATEL	. •	
NAME CYPEET APONESS				1418 US HWY 2 2	7 South	
STREET ADDRESS			1.3 STREET ADDRESS	1918 03 1107	מאמר ש	
CITY-ST-ZIP TITLE		DELETE	1.4 City-ST-ZiP 2.1 Title	Lakewases F 1 350	Change Addition	
NAME			2.1 MILE 2.2 NAME		Collaringo T Madition	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	Change Addition	
NAME			3.2 NAME	-	Change	
STREET ADDRESS			3.3 STREET ADDRESS		}	
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		occent	4.2 NAME		S. Sange L. J. Madridit	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		}	
TITLE		DELETE	5.1 TITLE		Change 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

VILASD DATEL

DELETE

1, 18,98 (941) 62/ 8917

Addition