


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

0052846

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90011 016 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P98000092905**

1. Corporation Name  
**V & S MANAGEMENT, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>208 BAXTER COURT<br>TALLAHASSEE FL 32312 | Mailing Address<br>208 BAXTER COURT<br>TALLAHASSEE FL 32312 |
|---|---|



DO NOT WRITE IN THIS SPACE

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

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br>11/02/1998                                 | Applied For<br>Not Applicable                                       |
| 4. FEI Number<br>59-3542588   | Applied For<br>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 |

9. Name and Address of Current Registered Agent

**VICKERS, NISHA**  
**208 BAXTER COURT**  
**TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

|   |    |
|---|----|
| 81 Name   |    |
| 82 Street Address (P.O. Box Number is Not Acceptable) |    |
| 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>NISHA VICKERS</b>   |
| 1.3 STREET ADDRESS | <b>208 BAXTER CT.</b>  |
| 1.4 CITY-ST-ZIP    | <b>TALLAHASSEE, FL 32312</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>SHARON TORLEBSKY</b>  |
| 2.3 STREET ADDRESS | <b>3560 DOGWOOD VALLEY TRAIL</b>   |
| 2.4 CITY-ST-ZIP    | <b>TALLAHASSEE, FL 32312</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 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 |  |
| 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, with all other like empowered.

SIGNATURE: Nisha Vickers PRESIDENT Nisha Vickers 3/24/99 850/385-5885  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)