

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S42582 1. Corporation Name VBH Group, Inc.	(4) Federal ID # 59-3073284
Principal Place of Business 705 S. Harbor City Blvd Melbourne, FL 32901	Mailing Address 705 S. Harbor City Blvd Melbourne, FL 32901

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/29/1991	3a. Date of Last Report 03/07/1993
4. FEI Number 59-3073284		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Fallace, James H 1900 S. Hickory Street Melbourne, FL 32901		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ DATE _____
 (Signature of officer or director or registered agent and true if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 12.1 TITLE PSD <input type="checkbox"/> DELETE 12.2 NAME Vliegenthart, Donald H 12.3 STREET ADDRESS 1305 South Hickory Street 12.4 CITY-STATE-ZIP Melbourne, FL 32901 12.5 TITLE VD <input type="checkbox"/> DELETE 12.6 NAME Hermansdorfer, John 12.7 STREET ADDRESS 1305 South Hickory Street 12.8 CITY-STATE-ZIP Melbourne, FL 32901 12.9 TITLE TD <input type="checkbox"/> DELETE 12.10 NAME Bittar, Edward S. 12.11 STREET ADDRESS 7000 Spyglass Court 12.12 CITY-STATE-ZIP Melbourne, FL 32901 <input type="checkbox"/> DELETE 12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP 12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP	
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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 included 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:  **Don Vliegenthart, President** **4/19/97** **407-729-1457**

 (Signature and Title or Printed Name of Signing Officer or Director) Date Daytime Phone #

CR2E034 (9/96)