

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

FILED
Mar 13 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S58773** (0)

1. Corporation Name
VIMARK, INC.



| | |
|--|--|
| Principal Place of Business 200 MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH FL 33404-7506 | Mailing Address 200 MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH FL 33404-7506 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|----------------------------------|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 06/11/1991 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0265777 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 29 | | Country 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**COLLIER, MARIA M
1401 CLARE AVE.
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

| | |
|---|---|
| 81 Name | Collier, MARIA M. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 200 MARTIN Luther King Jr. Blvd. |
| 83 | Riviera Beach |
| 84 City | FL 85 Zip Code 33404 |

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 Maria M. Collier 3/3/98 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P COLLIER, TERRY K | 1.2 NAME | |
| STREET ADDRESS | 1401 CLARE AVE. | 1.3 STREET ADDRESS | 200 Martin Luther King Jr. Blvd |
| CITY-ST-ZIP | WEST PALM BEACH FL | 1.4 CITY-ST-ZIP | Riviera Beach, FL 33404 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S COLLIER, MARIA M | 2.2 NAME | |
| STREET ADDRESS | 1401 CLARE AVE. | 2.3 STREET ADDRESS | 200 Martin Luther King Jr. Blvd |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | Riviera Beach, FL 33404 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Maria M. Collier

3/3/98

561-844-7000

CR2E034 (10/97)