FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

VCH COMMUNICATIONS, INC.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

S87638

(0)

FILED Mar 27 1996 8:00 am Secretary of State

| | 83/88 138 1811 8781 818) | |
|--|----------------------------------|--|

| Principal Place of Business Mailing Address | | | | | E TO BESOND FOR TOTAL DESCRIPTION FROM THE PROPERTY OF STATE OF STATE OF STATE STATE STATE STATE STATE STATE S | | | |
|---|---|---------------------|-------------------|------------------------|--|---------------------|--|--|
| • | ia centre dr. | P.O. BOX 22197 | | | | | | |
| ORLANDO F | | LAKE BUENA VIS | STA FL 32821-219 | 97 | | | | |
| US | | US | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1995 | | | |
| 2. Principal Plac | on of Rusiness | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 2. FIIIIGpai Fiai 1 | De Or Business | 26 | | | 59-3087363 | | Not Applicable | |
| Suite, Apt. # | elc | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | E \$8 | 3.75 Additional | |
| 2 | , 0.0. | 27 | | | 5. Certilicate of Status Desired | K T | Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | | 5.00 May Be | |
| 3 | | 28 | | | Trust Fund Contribution | 4 2 5 7 7 7 7 7 7 7 | Added to Fees | |
| Zip | Country | Zip | Coun | try | 8. This corporation has liability for | | ler s. 199.032, | |
| 4 | 25 | 29 | 30 | | | □ No | | |
| 1 | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New F | Registered Agen | <u>. </u> | |
| | | | { | Name | | | | |
| EGERT | ON, CHARLES H. | | l l | 32 Street Addr | ress (P.O. Box Number is Not Acceptat | ole) | | |
| | ORTH MAGNOLIA AVENUE | | [| | , Address ; | | | |
| SUITE | | | [i | 33 | | | | |
| | DO FL 32803 | | ļ. | 34 64 | | 85 | Zip Code | |
| | 50 10 02000 | | [' | 34 City | | FL 🖺 | 2.0000 | |
| | Signature, typod or printed name of registered ager | | (NOTE Regulated A | gent sijnaturo risjens | ADDITIONS/CHANGES TO OFF | DA'L | ECTORS IN 12 | |
| 12. | | ND DIRECTORS | 1 1 T// | | ADDITIONS OF ANGLO TO OTT | ☐ Ch | | |
| TITLE | PD OF UPIN DAVMOND I II | | 1.2 NA | ŀ | | | , <u> </u> | |
| NAME | GELLEIN, RAYMOND L., JI 8801 VISTANA CENTRE DI | | | REEL ADDRESS | | | | |
| STREET ADDRESS | | NIVE | | | | | | |
| City-St-ZiP | ORLANDO FL | DELETE | 2 1711 | Y - S1 - ZIP | | □ Cr | ange [] Add-tion | |
| TITLE | VD | | 2 ? NAJ | | | | | |
| NAME | ADLER, JEFFREY A. 8801 VISTANA CENTRE DI | DI\/E | | | | | | |
| STREET ADDRESS | | LIAE | | REET ADDRESS | | | | |
| CITY - ST - ZIP | ORLANDO FL | DELETE | 3 1 Ti | Y-SI-7:P | | | ange Addition | |
| TITLE | VST | | 3 2 NA | | | | | |
| NAME | AVRIL, MATTHEW E. 8801 VISTANA CENTRE D | יטויעב | • | PEET ADDRESS | | | | |
| STREET ADDRESS | | THE | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | ☐ DELETE | 34 CH 4 1 TI | Y-S1-ZIP | | | range 🔲 Addition | |
| TITLE | DAMIDOON DEV A | LJ DELETE | | i | | | - | |
| NAME | DAVIDSON, REX A. | IDR/E | 4 2 NA | | | | | |
| STREET ADDRESS | 8801 VISTANA CENTRE D | ILIAC | | HEFT ADDRESS | | | | |
| CITY - ST- ZIP | ORLANDO FL | DELETE | 5 1 1 k | Y-S'-ZIP | | | nange | |
| TITLE | V MOVABOUT JAMES A | | | | | | | |
| NAME | MCKNIGHT, JAMES A | NDK #5 | 5 2 NA | | | | | |
| STREET ADDRESS | 8801 VISTANA CENTRE D | MIYE | | REET ADOFESS | | | | |
| CITY - ST - ZIP | ORLANDO FL | Clores | | IY-SI-ZIP | | | nange 📝 Addition | |
| TITLE | v | DELFTE | | ļ | | · | LA FILLE | |
| NAME | FRANCIS A. CARD | INAL | 6.2 NA | | | | | |
| STREET ADDRESS | 8801 Vistana Cer | | | REET ADDRESS | | | | |
| C(1) - ST - Z(P | Orlando, FL 328 | 821 | 6.4 CI | TY-ST-ZIP | for the exemption stated in Section 119 | | · | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3/k). 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 cath; 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 within a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Wise Provident Convetory 03/18/96

407/239-3000