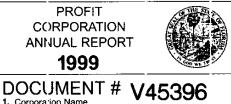
FILE NOW: FILING FEE AIFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90074 009 ***150.00

V H INV	ESTMENT GHOUP, INC.									
Principal Place	e of Business	Mailing Address				(III Bibii bibi i	atoli Di	I	
2545 WRIGHTSON DR 2545 WRIGHTSON D										
JACKSONVILLE FL 32223 US JACKSONVILLE FL 32223 US JACKSONVILLE FL 32223						DO NOT WRITE IN THIS SPACE				
00		•				3. Date ir corporated or Qualifed 06/18/1992				
2. Principa Place of Business 2a. Mailing Ad						4. FEI Number		Applied For		
21		26				59-3168885		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Iditional	
22		27				3. Certificate of States Desired	Fe	e Rec	uired	
City & Stat	e	City & State				6. Election Campaign Financing	• -		1ay Be	
23		28				Trust Fund Contribution	Ad	ded to	Fees	
Zip	Courtry	Zìp	Count	try		8. This corporation owes the current year		r	٦	
24	25	29	30			Personal Property Tax.	Yes		∃No	
	9. Name and Address of Curre	nt Registered Agent	·——	54T 1.		10. Name and Address of New Register	ed Agent			
LIAD	MATELL DIA E		8	31 Na	ame					
	WELL, PIA F		8	32 St	treet Ac d	dress (P.O. Box Number is Not Acceptable)				
	WRIGHTSON DR		L							
JACI	KSONVILLE FL 32223		8	33						
``\\			8	34 Ci	itv		. 85	Zip C	xde	
ş.·					•	poration submits this statement for the purpose	L			
SIGNATUFE	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	E Registered A	gent sign	nature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	S IN 12	
12.	P OFFICERS AI	DELETE	1.1 TITL			ADDITIONAL PROPERTY OF A PROPE	Cha		Addition	
TITLE	HARWELL, PIA F	- Deterio	1.2 NAM					•	_	
NAME	4206 BUCK PT RO		_	EET ADO	DESS					
STREET ADDRESS	JACKSONVILLE FL			-ST-ZIP						
CITY-ST-ZIP	VP	☐ DELETE	2,1 TITU				☐ Cha	ange	Addition	
	VOCKELL, JULIE	Ç	2.2 NAM				_	-		
NAME	ACTE MINIOUTOON DO			EET ADD	DESC					
STREET ADDRESS	JACKSONVILLE FL 32223			Y-ST-ZIF						
CITY-ST-ZIP TITLE	JACKSONVILLE I E 32223	☐ DELETE	31 TITL				☐ Ch.	ange	Addition	
NAME			3 2 NAM							
STREET ADDRESS				EET ADD	IRESS					
				Y-ST-ZIF						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLI				☐ Cha	ange	Addition	
NAME			4. 2 NAN	ΛE						
STREET ADDRESS				EET ADD	RESS					
CITY-ST-ZIP				 -ST-ZIP						
TITLE		☐ DELETE	5.1 TITL				☐ Ch.	ange	Addition	
NAME			5 2 NAM	4E						
STREET ADORESS			53STR	EET ADD	RESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	,					
TITLE	-	☐ DELETE	6.1 TITL	E			Ch.	ange	Addition	
NAME			62 NAM	1E						
STREET ADDRESS			6.3 STR	EET ADD	RESS					
JALL, ADDITESS	1			/- ST- 7IP	.					

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 changer, or on an attact ment with an address, with all dispense empowered.

SIGNATURE: