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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61286

(3)

VP MACHINERY, INC.

	F	FILED)
Mar	14	1997	8:00am
Se	cre	tary o	f State



STE 116	l '	AP HIAD	Naming Address			A COMMISSION OF THE PROPERTY O	***** *****		* #1#11 (##1	
S. Date of Last Report Support	LONGWOOD FL 32750		· · · · · · · · · · · · · · · · · · ·							
2. Principal Piloce of Business 2. Manual Andress 3. 1/3-4. Construct Read D 3. Suite, Apt #, use 3. Suite, Apt #,						1	1		Report	
Solicy Api #, etc. Static Api #, etc. Static A			2e. Mailing Address				1 00/2		pplied For	
27 Country Spans						59-3176596				
20 Country 2p Country 2p Country 2p Store	22									
28] 3277 / 25				* ***						
22 27.7			**			1,000 (5,000				
PLOURDE, VON A 1031 SUNSHINE LANE SUITE 102 ALTAHONTE SPRINGS FL 32714 11. Pursuant to the provisions of Socions 607-0507 and 607 1508. Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered agent. or themse with, and accept the obligations of Socions 607-0507 and 607 1508. Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered agent. or bods, in the State of Fronta Statutes SIGNATURE 12. OF FICE IS AND DIRECTORS PURPOSE VON A. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. Pursuant to the provisions of Socions 607-0507 and 607 5505. Florida Statutes SIGNATURE PURPOSE VON A. 12. NAME PURPOSE VON A. 488 SABAL TRAIL CIRCLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. STREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS 2781 S.R. 434 LONGWOOD FL 10. LONGWOOD FL 11. LONGWOOD FL 12. VAME 13. SARET ADDRESS 14. STITLE PURPOSE VON A. 488 SABAL TRAIL CIRCLE 12. SARET 13. SARET ADDRESS 14. STITLE PURPOSE VON A. 488 SABAL TRAIL CIRCLE 15. SARET ADDRESS 16. SARET ADDRESS 17. SARET 18. SARET ADDRESS 18. SARET ADDRESS 18. SARET 18. SARET ADDRESS 18. SARET 18. SARET ADDRESS 18. SARET		7 /	- } · 1 · · ·							
## 100 SUNSHINE LANE SUTTE 102 ALTAMONTE SPRINGS FL 32714 ## 2 Street Address (P.O. Box Number is Not Acceptable) ### 2 Street 102 ### 2 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable) ### 3 Street Address (P.O. Box Number is Not Acceptable)	24, 4.4		nt Registered Agent	. [30]						
1031 SUNSHINE LANE SUITE 102	PLO	URDE, VON A		81	Name					
### SUTE 102 ALTAMONTE SPRINGS FL 32714 ### City				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
11. Pursuant to the provisions of Socions 607 05/02 and 607 15/08. For ids. Statutes, the above named corporation submiss this statement for the purpose of changing its registered agent, or both, in the State of Fordits. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent, or both, in the State of Fordits. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent, and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of, Section 607 05/05. Incide State of Fordits and accept the oldglaghors of Section 607 05/05/05/05/05/05/05/05/05/05/05/05/05/0							·-/			
1. Pursuant to the provisions of Socious 607 05-02 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or the manifer with and accept the displants of Science 607 05-05, Florida Statutors. SIGNATURE	ALT	AMONTE SPRINGS FL 32714		83						
11. Parturant to the provisions of Sections 607 (500 and 607 1509. Florids Statutes of Florids Statutes agent for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes SIGNATURE				84	City		——————————————————————————————————————	85 Zip	Code	
SIGNATURE	11 Durquant	to the provisions of Sections CO7 OCO	2 and 607 1469 Handa Dist	use the above					The second second	
TITLE	SIGNATURE	Signature, typed or printed name of registerics age	est and talle if applicable (NC	Hegistored Age		uired when reinstaking)	DATE			
NAME PLOURDE, VON A. 12 NAME 13 STREET ADDRESS 486 SABAL TRAIL CIRCLE 13 STREET ADDRESS 14 CTY-ST-7P 10 CPange Addition AMAE 14 CTY-ST-7P 11 CTY-ST-7P 12 CTY-ST-7P 12 CTY-ST-7P 12 CTY-ST-7P 13 STREET ADDRESS 14 CTY-ST-7P 15 C		· · · · · · · · · · · · · · · · · · ·				ADDITIONS/CHANGES TO OFFIC				
STREET ADDRESS 488 SABAL TRAIL CIRCLE 13 STREET ADDRESS 14 CITY-SET-7IP		j •					L	_ Unange	LJ Addition	
CITY_ST-ZIP					ADDRESS					
TITLE S DELTIE 21 TITLE Change Addition										
STREET ADDRESS 2781 S.R. 434	TITLE	8	DELETE	* * * * *			L.	Change	Addition	
city - St - ZiP LONGWOOD FL 2 4 City - St - ZiP TITLE DELETE 31 TILLE Change Addition NAME 32 NAME 32 NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition NAME 4 2 NAME CITY - ST - ZIP CITY - ST - ZIP CTHANDERSS CITY - ST - ZIP CTHANDERSS CTHAN	NAME			2.2 NAME						
TITLE				2.3 \$18EE1	ADDRESS					
NAME		LONGWOOD FL	T DELETE		1 - Z(P			1 0	1 Again	
STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP NAME 4.1 II.LE Change Addition NAME 4.2 NAME STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 5.7 III.E Change Addition NAME 5.7 NAME CTY-ST-ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP Change Addition NAME DELETE 6.1 III.E Change Addition NAME 6.2 NAME C5.2 NAME Change Addition STREET ADDRESS 6.3 STREET ADDRESS Change Addition							L	_ Unange	L.J. Addillon	
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition NAME 5.7 TITLE Change Addition NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS					ADDRESS					
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME DELETE 5.7 TITLE Change Addition NAME 5.2 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CSTREET ADDRESS					i					
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP			DELETE		·		L	Change	Addition Addition	
CITY-SI-ZIP 44 CITY-SI-ZIP TITLE DELETE 57 TITLE Change Addition NAME 52 NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 54 CITY-SI-ZIP Change Addition NAME DELETE 6.1 INLE Change Addition NAME 63 STREET ADDRESS G3 STREET ADDRESS Change Addition	NAME			4. 2 NAME						
TITLE DELETE 57 TITLE Change Addition NAME 52 NAME 52 NAME ************************************				4.9 STRCET	AODRESS					
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CHY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS			Donny		- 716			1 05.	1.00	
		1	LJ Dett 18				L.	_ Change	Addition	
CITY_ST-ZIP 5.4 CITY_ST-ZIP TITLE DELETE 6.1 THLE Change Addition NAME 62 NAME 63 STREET ADDRESS 43 STREET ADDRESS					MDDB1 90					
TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS										
NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS			DELETE					Change	Addition	
	NAME			6.2 NAME				,		
CITY-ST-ZIP	STREET ADDRESS			6.3 \$1RFF1	ADDRESS					
	CITY-ST-ZIP			6.4 CITY - ST	- 7IP					

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 indicated on this annual report or supplience that 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 anatomic with an address.