

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N07395 37395</u>			
1. Corporation Name VISION COMMUNITY DEVELOPERS, INC. 18425 N.W. 2nd Avenue, Suite 335 Miami, FL 33169			
Principal Place of Business Same as above		Mailing Address Same as above	
2. Principal Place of Business 21 Same as above		2a. Mailing Address 26 Same as above	
Suite Apt. #, etc. 22		Suite Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
3. Date Incorporated or Qualified 04/02/90		3a. Date of Last Report	
4. FEI Number 65-0183970		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 Robert Brantley 18425 N.W. 2nd Avenue, Suite 335 Miami, FL 33169		10. Name and Address of New Registered Agent 81 Name Felix Demmings 82 Street Address (P.O. Box Number is Not Acceptable) 18425 N.W. 2nd Avenue, #335 83 84 City Miami FL 85 Zip Code 33169	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <u>Felix Demmings</u> <u>Felix Demmings</u> <u>2/20/97</u> (Signature is not for person for whom registered agent and title applicable) (Not a Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D 12 NAME Felix Demmings 13 STREET ADDRESS 1330 N.W. 174 Street 14 CITY- ST- ZIP Miami, FL 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP/D 22 NAME Shirley Gibson 23 STREET ADDRESS 18425 N.W. 2 Avenue, #335 24 CITY- ST- ZIP Miami, FL 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/D 32 NAME Lloyd Cheever 33 STREET ADDRESS 1330 N.W. 174 Street 34 CITY- ST- ZIP Miami, FL 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D 42 NAME Mark Parks 43 STREET ADDRESS 18425 N.W. 2 Avenue, #335 44 CITY- ST- ZIP Miami, FL 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D 52 NAME Robert Brantley 53 STREET ADDRESS 18425 N.W. 2 Avenue, #335 54 CITY- ST- ZIP Miami, FL 33169	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 100002106481 62 NAME -03/06/97--01099--09 63 STREET ADDRESS ***70.00 64 CITY- ST- ZIP 014 3-6-97	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <u>Felix Demmings</u> <u>Felix Demmings</u> <u>2/6/97</u> (305) 690-9833 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (9/96)