

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39317 (5)**

1. Corporation Name  
**ANOTHER VISION, INC.**



Principal Place of Business <b>1903 W. PINE STREET TAMPA FL 33607 US</b>	Mailing Address <b>1903 W. PINE STREET TAMPA FL 33607-3039 US</b>
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3. Date Incorporated or Qualified <b>08/01/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3052779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**SIRMANS, KENNY  
1903 W. PINE STREET  
TAMPA FL 33607**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 Kenny Sirmans DATE **4.30.97**

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SIRMANS, KENNY</b>	
STREET ADDRESS <b>1903 W. PINE STREET</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HORACE, SPAIN</b>	
STREET ADDRESS <b>3914 WALNUT ST</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ROBINSON, JERRY</b>	
STREET ADDRESS <b>3215 E. LAMBRIGHT</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>JACKSON, LEROY S</b>	
STREET ADDRESS <b>4615 W. WOODLYN AVENUE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MERRITT, ELEANOR</b>	
STREET ADDRESS <b>3892 WALDEN POND DRIVE</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MILLER, SHARON E.</b>	
STREET ADDRESS <b>2413 WEST GRAY</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SAME</b>
1.3 STREET ADDRESS	<b>SAME</b>
1.4 CITY-ST-ZIP	<b>SAME</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>
2.3 STREET ADDRESS	<b>SAME</b>
2.4 CITY-ST-ZIP	<b>SAME</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>
3.3 STREET ADDRESS	<b>SAME</b>
3.4 CITY-ST-ZIP	<b>SAME</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SAME</b>
4.3 STREET ADDRESS	<b>SAME</b>
4.4 CITY-ST-ZIP	<b>SAME</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SAME</b>
5.3 STREET ADDRESS	<b>SAME</b>
5.4 CITY-ST-ZIP	<b>SAME</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SAME</b>
6.3 STREET ADDRESS	<b>SAME</b>
6.4 CITY-ST-ZIP	<b>SAME</b>

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 Kenny Sirmans DATE **4.30.97** (B13) 753-2634

CR2E037 (9/96)