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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003595 (3)
 1. Corporation Name
VISION IS PRICELESS COUNCIL, INC.



Principal Place of Business 1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204	Mailing Address 1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204-4759
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3. Date Incorporated or Qualified 07/03/1996	3a. Date of Last Report
4. FEI Number 59-3386495	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**BAUMER, CAROL B
1820 BARRS STREET
SUITE 546
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SEELY, FRED
STREET ADDRESS	1820 BARRS STREET, SUITE 546
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	D <input type="checkbox"/> DELETE
NAME	GIBSON, ROGER G
STREET ADDRESS	P. O. DRAWER 10209 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32247
TITLE	D <input type="checkbox"/> DELETE
NAME	HERED, ROBERT W M.D.
STREET ADDRESS	P. O. BOX 5720 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32247
TITLE	D <input type="checkbox"/> DELETE
NAME	MCINTOSH, ANNE G
STREET ADDRESS	4063 RIBAULE RIVER LANE
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> DELETE
NAME	WIGGINS, C. DONALD D.B.A.
STREET ADDRESS	9424 BAYMEADOWS ROAD, SUITE 130
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	D <input type="checkbox"/> DELETE
NAME	BAUMER, CAROL B
STREET ADDRESS	1820 BARRS STREET, SUITE 546
CITY-ST-ZIP	JACKSONVILLE FL 32204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: *Carol B. Baumer* **CAROL B. BAUMER** 3/26/97 904-308-2020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004515

CR2E037 (9/96)