

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 9:13

DOCUMENT # P94000024845 (7)

1. Corporation Name
VISIONARY CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2796 S. UNIVERSITY DR. SUITE 2202 DAVIE FL 33328**
Mailing Address: **2796 S. UNIVERSITY DR. SUITE 2202 DAVIE FL 33328**

3. Date Incorporated or Qualified: **03/31/1994**
3a. Date of Last Report

2. Principal Place of Business: **21 16301 SW 62 ST**
2a. Mailing Address: **26 16301 SW 62 ST**

4. FEI Number: **65-0476875**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28 Ft. Laud. FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33331** 25. Country: **USA**
29. Zip: **33331** 30. Country: **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BICHO, BRIAN A
2796 S. UNIVERSITY DR.
SUITE 2202
DAVIE FL 33328**

10. Name and Address of New Registered Agent
81. Name: **Brian A. Bicho**
82. Street Address (P.O. Box Number is Not Acceptable): **16301 SW 62 ST**
83.
84. City: **Ft. Laud** FL 85. Zip Code: **33331**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
PRINT NAME OF REGISTERED AGENT AND SIGNATURE OF APPLICANT PRINT REGISTERED AGENT SIGNATURE (SEPARATE WHEN REGISTERING) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BICHO, BRIAN A
STREET ADDRESS	2796 S. UNIVERSITY DR., 2202
CITY, ST, ZIP	DAVIE FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 by an attachment with an address.

SIGNATURE: *B. Bicho*
SIGNATURE WHEN APPLIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95
305-434-7556