

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

APPROVED AND FILED

95 MAY 10 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000024845 (7)**
 1. Corporation Name
VISIONARY CONCEPTS, INC.

Principal Place of Business: 16301 SW 82 ND ST, SUITE 2202, FT LADUERDALE FL 33331 US
 Mailing Address: 16301 SW 62ND ST, SUITE 2202, FT LADUERDALE FL 33331 US

3. Date Incorporated or Qualified: 03/31/1994
 3a. Date of Last Report: 05/30/1995
 4. FEI Number: 65-0476875
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. 16301 SW 62 ST
 22. None
 23. Ft. Lauderdale FL
 24. 33331
 25. USA
 2a. Mailing Address
 26. 16301 SW 62 ST
 27.
 28. Ft. Laud.
 29. 33331
 30. USA

9. Name and Address of Current Registered Agent
BICHO, BRIAN A
16301 SW 62ND ST
SUITE 2202
FT LADUERDALE FL 33331

10. Name and Address of New Registered Agent
 81 Name: Brian Bicho A.
 82 Street Address (P.O. Box Number Is Not Acceptable): 16301 SW 62 ST
 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: *Brian Bicho* (Signature) / Brian Bicho (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICHO, BRIAN A	2. NAME	Brian A. Bicho
STREET ADDRESS	2798 S. UNIVERSITY DR., 2202	3. STREET ADDRESS	16301 SW 62 ST
CITY - ST - ZIP	DAVIE FL 33328	4. CITY - ST - ZIP	Ft. Laud FL 33331
TITLE		2. TITLE	2000016885-82
NAME		22. NAME	-05/17/96--01031--005
STREET ADDRESS		23. STREET ADDRESS	****225.00 ****225.00
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do 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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian Bicho* Brian Bicho 5-7-96 (954) 434-2556

CR2E034 (12/95)