

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P 95000096815

1. Corporation Name

Visuals, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 2187 N. Powerline Rd.

2a. Mailing Address

26 10450 N.W. 49th Pl.

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

23 Pompano Beach, FL

27

City & State

28 Coral Springs, FL

Zip

24 33069

Country

25 Broward

Zip

29 33076

Country

30 Broward

9. Name and Address of Current Registered Agent

Frank R. Schickley
1325 NE 16th Ave.
Ft. Lauderdale, FL 33304

3. Date Incorporated or Qualified

12/22/95

3a. Date of Last Report

First report

4. FEI Number

65-0631980

Applied For

Not Applicable

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. 199.032, Florida Statutes

Yes No

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 607.0302 and 607.1503, 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

(Signature of principal place of business, if applicable)

(Signature of Registered Agent, if applicable, when not the same)

(Date)

12. OFFICERS AND DIRECTORS

TITLE: Secretary/Treasurer
NAME: Robert L. Schmukler
STREET ADDRESS: 10450 N.W. 49th Pl.
CITY-ST-ZIP: Coral Springs, FL 33076

TITLE: Vice president
NAME: Frank Schickley
STREET ADDRESS: 1325 N.E. 16 Ave.
CITY-ST-ZIP: Ft. Lauderdale, FL 33304

TITLE: President
NAME: Debra Wieserman
STREET ADDRESS: 10450 N.W. 49th Pl.
CITY-ST-ZIP: Coral Springs, FL 33076

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE Change Addition

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE Change Addition

3. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE Change Addition

4. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

700001807917
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***200.00

5. TITLE Change Addition

5. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE Change Addition

6. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

5-1-96

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: Robert L. Schmukler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

254-969-9722

CR2E034 (12/95)