

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000096815 (2)  
1. Corporation Name  
VISUALS, INC.



Principal Place of Business  
2187 N. Powerline Rd  
POMPAN0 BEACH FL 33069

Mailing Address  
10450 NW 49TH PL  
CORAL SPRINGS FL 33076-1734

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2187 N. Powerline Rd	26 10450 NW 49th PL	12/22/1995	05/01/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		65-0631980	Not Applicable
23 City & State Pompano FL	28 City & State Coral Springs FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip 33069	29 Zip 33076-1734	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25 Country Broward	30 Country Dade	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHICKLEY, FRANK R 1325 NE 16TH AVE FT LAUDERDALE FL 33304	81 Name Shmokler Robert 82 Street Address (P.O. Box Number is Not Acceptable) 10450 NW 49th PL 83 84 City Coral Springs FL 85 Zip Code 33076

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: *Robert L. Shmokler* DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	SCHICKLEY, FRANK R 1325 NE 16TH AVE CORAL SPRINGS FL 33076	1.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME Toomey, Richard	
STREET ADDRESS		1.3 STREET ADDRESS 1325 NE Ave	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHMOKLER, ROBERT	2.2 NAME	
STREET ADDRESS	10450 NW 49TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIESERMAN, DEBRA	3.2 NAME	
STREET ADDRESS	10450 NW 49TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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. Shmokler* DATE: 4/30/97 DAYTIME PHONE #: 954-969-9727

CR2E034 (9/96)