

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
~~2074 Powerline Rd~~
 POMPANO 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	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Pompano FL	Coral Springs FL	<input type="checkbox"/>	
24 Zip	25 Country	29 Zip	30 Country
33069	Broward	33076	FL
6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/>		<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**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHICKLEY, FRANK R	1.2 NAME	Toomey, Richard
STREET ADDRESS	1325 NE 16TH AVE	1.3 STREET ADDRESS	1325 NE Ave
CITY-ST-ZIP	CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	
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 <input type="checkbox"/> DELETE	3.1 TITLE	
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	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)