

P95000096815

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City/State/Zip

Phone #

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 14 AM 10:31

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-01/14/98--01052--011
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P9500-0096815
01-15-98

Examiner's Initials CC

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Visuals, Inc.

2. The mailing address of the corporation is: 10450 N.W. 49th Place, Coral Springs, Florida 33076

3. Date of incorporation/qualification: 12/22/95 Document number: P95000096815

4. The name and address of the current registered agent and office:

Frank R. Schickley
10450 N.W. 49th Place
Coral Springs, FL 33076

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Robert Shmokler
10450 N.W. 49th Place
Coral Springs, FL 33076

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Debra Keiserman (Signature) 1-9-98 (Date)
(Signature of an officer, chairman or vice chairman of the board)

Debra Keiserman, President (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Robert Shmokler (Signature) 1-9-98 (Date)
(Signature of Registered Agent)

If signing on behalf of an entity:

Robert Shmokler (Typed or Printed Name) sec. / trans. (Capacity)