

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

FILED

**Mar 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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, POMPANO BEACH FL 33069 US
Mailing Address: 10450 NW 49TH PLACE, CORAL SPRINGS FL 33076 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 12/22/1995
4. FEI Number: 65-0631980
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SCHICKLEY, FRANK R-
10450 NW 49TH PLACE
CORAL SPRINGS FL 33076**

10. Name and Address of New Registered Agent
81 Name: Shmokler, Robert
82 Street Address (P.O. Box Number is Not Acceptable): 10450 NW 49th Place
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 Shmokler* DATE: 3/26/98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHICKLEY, FRANK R	
STREET ADDRESS	1325 NE AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHMOKLER, ROBERT	
STREET ADDRESS	10450 NW 49TH PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KIESERMAN, DEBRA	
STREET ADDRESS	10450 NW 49TH PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Toumay, Richard	
1.3 STREET ADDRESS	1325 NE Ave	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 Shmokler* DATE: 3/26/98 754-969-9727

CR2E034 (10/97)