

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90024 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096815

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

3. Date Incorporated or Qualified 12/22/1995

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc.

2a. Mailing Address 26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country 25

29 Zip Country 30

9. Name and Address of Current Registered Agent

SHMOKLER, ROBERT 10450 NW 49TH PL 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 [Signature] Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3/23/99

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Toumey, Richard and Shmokler, Robert.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for additions/changes.

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 954-969-9727 Date File Phone #

CR2E034 (1/98)