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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000019217 1. Corporation Name

VISIBLE CHANGES, INC.

Principal Place of Business
4061 BONITA BEACH ROAD, UNIT 106 BONITA SPRINGS FL 33923

Mailing Address

4061 BONITA BEACH ROAD, UNIT 106

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90010 042 ***150.00



	FL 33923	BONITA SPHINGS FL 33923			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or	Qualifed		
					03/01/1996		_	
		2a. Mailing Address			4. FEI Number			Applied For
2. Principal Place	e of Business	- -¬		1	59-3408301			Not Applicable
26		Suite, Apt. #, etc.		\$8.75 Addition			Additional .	
Suite, Apr. #, etc.		H ' ' '	j.		5. Certificate of Status Desired Fee Require		Required	
27 City & State					6. Election Campaign F	inancing	\$5.0	0 May Be
City & State		h '	ity & State		Trust Fund Contribut			d to Fees
3		28	Carre	<u></u>	8. This corporation owe		r Intangible	
Zip	Country	Zip	Count	u y	Personal Property Ta		∐Yes	™No
4	25	29 30	<u> </u>	F .	10. Name and Address		red Agent	
	9. Name and Address of Current	Registered Agent		31 Name	TU. Name and Address	of Mon Hogists		
				Name		·		
	LAWYER CHARTERED		1	Street Add	iress (P.O. Box Number is N	ot Acceptable)		
343 AL	LMERIA AVENUE			ļi			111	47. Ta 1901 1801
CORAL	L GABLES FL 33134		[1	83		部計劃標		
			Ļ	04 0:5:	1 (28 (3) 7) 445	148 - 156 - 1822-1832-1832-1832-1832-1832-1832-1832-	85 Z	ip Code
			- 1	64 City			FL	·
<u> </u>	the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the ab	ove-named cor	poration submits this statement	ent for the purpos	se of changing	its registered
11, Pursuant to	the provisions of Sections 607.0502 pistered agent, or both, in the State of	f Florida. Such change was auth	orized	by the corporat	tion's board of directors. I her	reby accept the a	ippointment as	registered
agent. I am	sistered agent, or both, in the State of familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statu	ເຮຣ. 	•			
SIGNATURE _		(NOTE P	a sisterne 7	Cont consture reciti	ired when reinstating)	DAT		
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TITLE	PD KIRK, PAMELA J	☐ DELETE	1,1 TIII 1.2 NA	ME }			☐ Chan	ge Addition
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indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that it an 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: