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FILED
May 01 1997 8:00am
Secretary of State

PROFIT
S-CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 96000049153

1. Corporation Name

GCG VISION, INC.

Principal Place of Business

New Port Richey, FL.

Mailing Address

**4604 DUMONT ST.
 New Port Richey, FL.
 34653**

3. Date Incorporated or Qualified

June 6, 1996

3a. Date of Last Report

2. Principal Place of Business

21 **New Port Richey, FL.**

Suite, Apt #, etc

22 **4604 DUMONT ST.**

City & State

23 **New Port Richey, FL.**

Zip

24 **34653**

Country

25 **PASCO**

2a. Mailing Address

26 **New Port Richey, FL.**

Suite, Apt #, etc

27 **4604 DUMONT ST**

City & State

28 **New Port Richey, FL.**

Zip

29 **34653**

County

30 **PASCO**

4. FEI Number

65-0694378

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BRYAN A. KUTCHINS, ESQ.
 169 STATE STREET W. SUITE A.
 OLDSMAR, FL. 34677**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of director or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PRESIDENT**
ORVILLE TARRANTS
 STREET ADDRESS **4604 DUMONT ST.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE DELETE

NAME **VICE PRESIDENT**
ORVILLE TARRANTS
 STREET ADDRESS **4604 DUMONT ST.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE DELETE

NAME **SEC.-TREASURER**
ORVILLE TARRANTS
 STREET ADDRESS **4604 DUMONT ST.**
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002164978
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*****165.00**

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: **Orville Tarrants** President **4/25/97** **813-376-7353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (9/96)