

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086159 (6)

1. Corporation Name
VISUAL COURSE STRATEGY, INC.



Principal Place of Business 23269 SOUTH STATE ROAD 7, SUITE 109 BOCA RATON FL 33428	Mailing Address 23269 SOUTH STATE ROAD 7, SUITE 109 BOCA RATON FL 33428
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 E. Linton Blvd Suite, Apt. #, etc. 22 202A City & State 23 Delray Beach, FL Zip 24 33483	2a. Mailing Address 26 100 E Linton Blvd Suite, Apt. #, etc. 27 202A City & State 28 Delray Beach, FL Zip 29 33483	3. Date Incorporated or Qualified 10/17/1996	4. FEI Number 65-0704106 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARCHINI, SCOT 23269 S STATE RD 7 SUITE 109 BOCA RATON FL 33428	10. Name and Address of New Registered Agent 81 Name Scot Marchini 82 Street Address (P.O. Box Number is Not Acceptable) 100 E Linton Blvd 83 Suite 202A 84 City Delray Beach FL 85 Zip Code 33483
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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 **SCOT MARCHINI - PRESIDENT** DATE **3/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCHINI, SCOT 23269 SOUTH STATE ROAD 7, SUITE 109 BOCA RATON FL 33428 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Marchini, Scot 100 E Linton Blvd - 202A Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCHIN, BRUCE 23269 SOUTH STATE ROAD 7, SUITE 109 BOCA RATON FL 33428 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Marchin, Bruce 100 E Linton Blvd - 202A Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNES, TERENCE 23269 SOUTH STATE ROAD 7, SUITE 109 BOCA RATON FL 33428 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Downes Terrence 100 E Linton Blvd - 202A Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/12/98** 561-243-8050

CR2E03A (10/97)