


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

FILED

**Jan 29 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 # P97000067235 (6)
1. Corporation Name
GLOBAL VISION 2000, INC.



Principal Place of Business 390 N CAUSEWAY NEW SMYRNA BEACH FL 32169	Mailing Address 390 N CAUSEWAY NEW SMYRNA BEACH FL 32169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	P.O. Box 2157
22	City & State	27	New Smyrna-Bch, FL.
23	Zip	28	32170
24	Country	29	USA

3. Date Incorporated or Qualified 08/04/1997
4. FEI Number 59 3461634
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
WRIGHT, SHERREE 394 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169	

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 *Sherree Wright* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	WRIGHT, SHERREE
STREET ADDRESS	394 N CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	<input type="checkbox"/> DELETE
NAME	Robert Addison
STREET ADDRESS	1085 Lake Ashby Rd.
CITY-ST-ZIP	New Smyrna Beach, FL. 32168
TITLE	<input type="checkbox"/> DELETE
NAME	Zoe Cool
STREET ADDRESS	907 Schoolway
CITY-ST-ZIP	New Smyrna Beach, FL. 32169
TITLE	<input type="checkbox"/> DELETE
NAME	Wayne Murphy
STREET ADDRESS	111 Esther Ave.
CITY-ST-ZIP	New Smyrna Bch, FL. 32169
TITLE	<input type="checkbox"/> DELETE
NAME	Stanleigh Planson
STREET ADDRESS	2627 Needle Palm Dr.
CITY-ST-ZIP	Edgewater, FL. 32132
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 *Sherree Wright* 1-20-98 904-424-8382

CR2E034 (10/97)