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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000068040 (1) VISUAL QUALITY COMPANY					33/14 6/10/10/11/10 60/14 8/14/80/14/30/1
Principal Place of Business		Mailing Address			ANNIA MILAL LALIS ORIES GIGIS BAIN SON
4040 QUENTA DRIVE WINTER PARK FL 32792		4040 QUENITA DRIVE WINTER PARK FL 32792-8947			
MINITER PARK	rt 32/82	WINTER PARK PL 32/823	1 9 97		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		08/31/1995 4. FEI Number	05/01/1996 Applied For
21		26		59-3334986	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Chr. 2 Chair		27] .			Fee Hequired
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	[28] Zip	Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curre			10. Name and Address of New Reg	listered Agent
404 WIN	MKINS, FICHARD E O QUENITA DRIVE ITER PARK FL 32792 to the provisions of Sections 607.05	.02 and 607,1508, Florida Statut	83 84 City	dress (P.O. Box Number is Not Acceptable) rporalion submits this statement for the pu	FL 85 Zip Code
office or r agent. I a SIGNATURE				rporation submits this statement for the pu ation's board of directors. I hereby accept	
12.	Signature, typed or printed name of registered at	gent and tille if applicable. (NOT ND DIRECTORS	E: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 70TLE	ADDITIONAÇOI MACE TO OF TAIL	Change Addition
NAME	DAWKINS, FICHARD E		1.2 NAME		
STREET ADDRESS	4040 QUENITA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY - ST - ZiP	•	}
TITLE	8	☐ DELETE	2.1 TITLE		Change Addition
NAME	DAWKINS, CLARA P		2.2 NAME	•	Ì
STREET ADDRESS	4040 QUENITA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		2 4 CITY-ST-ZIP	1	
TITLE		☐ DELETE	3.1 TITLE		L. Change L Addition
NAME			3.2 NAME		Į
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 THLE		Change Addition
NAME		LJ PKIT	4. 2 NAME		C. CHENGO C. MOCHION
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 DAY-ST-ZIP		}
TITLE		DELETE	5.1 TILE		Change Addition
NAME		_	5.2 NAME		_ , _
STREET ADDRESS			5.3 STRUET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-21P			6.4 C/1Y - S1 - 7/P		1

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 expectation 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 obtained, or on an attachment with an address.

CIGNATUDE.

Cille Dankson Dankson +

Marsh 19. 1997 407628-0024

FILED

Apr 02 1997 8:00am

Secretary of State