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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500068040 (1)

VISUAL QUALITY COMPANY

4040 QUENITA WINTER PARI	(FL 32792	4040 QUENITA DRIVE WINTER PARK FL 32792		DO NOT WRITE IN TI 3. Date incorporated or Qualified 08/31/1995	HIS SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3334986	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 0	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
404 With	enistered agent or both in th	ne State of Florida. Such channe was aut	B3 B4 City the above-named co	dress (P.O. Box Number is Not Acceptable) orporation submits this statement for the purporation's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TIBLE	β	☐ DELETE	1.1 TITLE	7.001110110,01111102010 011102110	Change Addition
NAME	DAWKINS, RICHARD E	-	1.2 NAME		_ • -
STREET ADDRESS	4040 QUENITA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 3279	19	1.4 CITY-ST-ZIP		
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME	DAWKINS, CLARA P		2.2 NAME		
STREET ADDRESS	4040 QUENITA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 3279	p	2. 4 CITY-ST-ZIP		
TITLE	WHITEIT I FAIL I C OCIO	DELETE	3.1 TITLE		· Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZIP			3.4. CITY-ST-ZIP		
TITLE	-	☐ DELETE	4.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition

14. Thereby 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 resecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in on an attachment with an address

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.4 CiTY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

TERROR ST 1040 401 620 5024

☐ Change

Change

Addition

Addition

FILED

Mar 03 1998 8:00am

Secretary of State