

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90003 010 ***153.00

DOCUMENT # **293080**

Corporation Name

VISUAL COMMUNICATIONS INCORPORATED



Principal Place of Business

N.E. 7TH AVE
FT. LAUDERDALE FL 33304

Mailing Address

1117 N.E. 7TH AVE
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1965

4. FEI Number

59-1206904

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

Principal Place of Business

1608 SE 1ST STREET

Suite, Apt. #, etc.

2a. Mailing Address

1608 SE 1ST STREET

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

Zip

33301

Country **USA**

City & State

FT LAUDERDALE

Zip

33301

Country **USA**

9. Name and Address of Current Registered Agent

FOGARTY, ROBERT J
1608 SE 1ST STREET
FT. LAUDERDALE FL

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD FOGARTY, R J 1608 SE 1ST STREET FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST FOGARTY, R B 1608 SE 1ST STREET FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.2 NAME	
D FOGARTY, R.B. 1608 SE 1ST STREET FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 furnished 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 on the 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT J. FOGARTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/99 (954) 522-5700
Daytime Phone #

CR2E034 (5/99)

Visual Communications ... d/b/a ITEX-FL.Lauderdale

1608 SE 1st St. * Ft. Lauderdale, FL 33301-3923
(P O Box 2015 - 33303)

Phone 954-522-5700
Fax 954-522-5700

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610958

August 27, 1999

Division of Corporations
Annual Reports Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

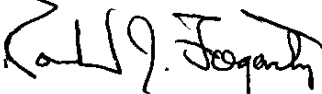
Gentlemen:

I recently received your "2nd notice 1999 Profit Corporation Annual Report" packet.

I have had two-thirds of my right lung removed and have emphysema in the remainder of my lungs. Because of this, I have been extremely ill for the past several months and do not recall receiving the first notice.

I am enclosing a corporate check in the amount of one hundred and fifty-three dollars (\$153) to cover the filing fee and 1% per month interest for two months, hoping that you will rescind the \$400.00 late fee because of my illness.

Sincerely,
Visual Communications, Inc.



Robert J. Fogarty, President