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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 752503

1. Corporation Name
VISIBLE LIGHT, INC.

Principal Place of Business: 5912 JASON ST ORLANDO FL 32809
 Mailing Address: 5912 JASON ST ORLANDO FL 32809



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	1317 South Park Ave	26	05/15/1980
Suite, Apt. #, etc.		27	4. FEI Number
22		28	59-2017075
City & State		Applied For	
23	SANFORD FL	Not Applicable	
24	Zip 32771	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25	Country USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		Trust Fund Contribution	
30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
FUSCO, DOMENIC 5912 JASON ST ORLANDO FL 32809				81	Name: FUSCO DOMENIC				
				82	Street Address (P.O. Box Number is Not Acceptable) 1317 SOUTH PARK AVENUE				
				83					
				84	City	SANFORD	85	Zip Code	32771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 2.10.98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	FUSCO, DOMENIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, DOMENIC	1.2 NAME	1317 SOUTH PARK AVE
STREET ADDRESS	5912 JASON ST	1.3 STREET ADDRESS	SANFORD FL 32771
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, CHARLOTTE R	2.2 NAME	FUSCO, CHARLOTTE R.
STREET ADDRESS	5912 JASON ST	2.3 STREET ADDRESS	1317 SOUTH PARK AVE
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENSHAW, VIVIAN	3.2 NAME	
STREET ADDRESS	5912 JASON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2.10.98

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (1/198)