


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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F96000006735 (2)		
1. Corporation Name VISUAL, INC. OF NEVADA		



Principal Place of Business 373 LANTANA AVE. SARASOTA FL 34243	Mailing Address 373 LANTANA AVE. SARASOTA FL 34243-1508
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2. Principal Place of Business 21 373 LANTANA AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 373 LANTANA AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/23/1996		3a. Date of Last Report	
22 City & State 23 SARASOTA, FLA		27 City & State 28 SARASOTA, FLA		4. FEI Number 33-0727720		Applied For Not Applicable	
24 34243		25 USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
29 34243		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHISON, WILLIAM			1.2 NAME			
STREET ADDRESS	373 LANTANA AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			1.4 CITY-ST-ZIP			
TITLE	PCEO	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIVILLE, MICHAEL			2.2 NAME			
STREET ADDRESS	373 LANTANA AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			2.4 CITY-ST-ZIP			
TITLE	VC00	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, CHRISTOPHER			3.2 NAME			
STREET ADDRESS	373 LANTANA AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			3.4 CITY-ST-ZIP			
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWLING, KENNETH G			4.2 NAME			
STREET ADDRESS	373 LANTANA AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			4.4 CITY-ST-ZIP			
TITLE	TS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENEY, PAUL E			5.2 NAME			
STREET ADDRESS	373 LANTANA AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATSON, MURRAY			6.2 NAME			
STREET ADDRESS	373 LANTANA AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			6.4 CITY-ST-ZIP			

14. 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 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: Michael Miville April 30 1997 941-359-4864

CR2E034 (9/96)