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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 APR 29 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002607**

1. Corporation Name
INOVISION OF VIRGINIA, INC.

Principal Place of Business
625 U.S. HIGHWAY 1. STE 102
KEY WEST FL 33040

Mailing Address
625 U.S. HIGHWAY 1. STE 102
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated Or Qualified
05/07/1998

4. FEI Number
54-1865332 [ ] 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. The corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GLENN, RICHARD W
823 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable)
83 1201 Hays Street
84 City Tallahassee FL 85 Zip Code 32301

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 Laura R. Dunn 4-29-99
Signature (typed or printed name of registered agent and title if applicable) Date

12. OFFICERS AND DIRECTORS

TITLE	PCD	[ ] DELETE
NAME	LEWIS, JOEL	
STREET ADDRESS	12726 GLENKIRK RD.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VD	[✓] DELETE
NAME	BOGGS, RONALD	
STREET ADDRESS	25074 5TH STREET	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Add
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	EXECUTIVE VICE PRESIDENT	[ ] Change [✓] Add
22 NAME	AMELIE JENKINS	
23 STREET ADDRESS	38 CANNON ROYAL DR	
24 CITY-ST-ZIP	KEY WEST, FL 33040	
31 TITLE	CEO/DIRECTOR/CHAIRMAN	[ ] Change [✓] Add
32 NAME	WARREN DEDRICK	
33 STREET ADDRESS	37 NORTH RD	
34 CITY-ST-ZIP	QUEENSBURY, NY 12804	
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****150.00 ****150.00

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 607, 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: Amelie Jenkins AMELIE JENKINS 4-27-99 305/295-6180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)