

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550**

**FILED**  
**Apr 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT STATE  
**Sandra B. Morn**  
 Secretary of St  
 DIVISION OF CORPONS

**DOCUMENT # G14707 (5)**  
 1. Corporation Name  
**VISUALLY YOURS, INC.**



Principal Place of Business: **3011 YAMATO ROAD SUITE A-17 BOCA RATON FL 33434 US**

Mailing Address: **3011 YAMATO ROAD SUITE A-17 BOCA RATON FL 33434-5353 US**

3. Date Incorporated or Qualified: **12/22/1982**      3a. Date of Last Report: **04/22/1996**

4. FEI Number: **59-2290719**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21. **5700 STIRLING ROAD**      2a. Mailing Address: **5700 STIRLING ROAD**

22. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

23. **Hollywood, FLORIDA**      27. **Hollywood, Florida**

24. **33021**      25. **US**      28. **33021**      29. **S**

9. Name and Address of Current Registered Agent

**LEDERER, STEVEN L.J.**  
**2450 NORTHEAST MIAMI GARDENS DR.**  
**N. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City: **FL** #5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **PS**       DELETE

NAME: **NEWMAN, MICHAEL L.**

STREET ADDRESS: **20603 NE 22ND PLACE**

CITY-ST-ZIP: **N. MIAMI BCH. 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

1.1 TITLE:  Change  Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:  Change  Addition

2.1 TITLE:

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:  Change  Addition

3.1 TITLE:

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:  Change  Addition

4.1 TITLE:

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:  Change  Addition

5.1 TITLE:

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:  Change  Addition

6.1 TITLE:

6.2 NAME:

6.3 STREET ADDRESS:

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 L Newman*      **4/4/97**      **954-989-7444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)