

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

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J04736 (1)**  
1. Corporation Name  
**VISUAL IDEAS INC. OF FLORIDA**



Principal Place of Business <b>4320 NW 101ST DR CORAL SPRINGS FL 33065</b>	Mailing Address <b>4320 NW 101ST DR CORAL SPRINGS FL 33065-6608</b>
---	--

3. Date Incorporated or Qualified <b>03/17/1986</b>	3a. Date of Last Report <b>01/30/1996</b>
4. FEI Number <b>59-2663881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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

**9. Name and Address of Current Registered Agent**  
**KRAVITZ, ADAM E  
480 NEPTUNE RD  
JUNO BEACH FL 33408**

**10. Name and Address of New Registered Agent**

81 Name <b>DIANA KRAVITZ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4820 NW 101st DRIVE</b>
83 <b>CORAL SPRINGS</b>
84 City <b>FL</b> 85 Zip Code <b>33065</b>

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: *[Signature]* DATE: **1/29/97**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KRAVITZ, DIANA</b>	
STREET ADDRESS	<b>4320 NW 101ST DR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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: *[Signature]* DATE: **1/29/97**

CR2E034 (9/96)