FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # J56866 (3)

1. Corporate Name
VISION REALTY, INC.

Principal Office Address
1025 S.W. MARTIN DOWNS BLVD
SUITE 102 B
PALM CITY FL 34990

Mailing Address
1025 S.W. MARTIN DOWNS BLVD
SUITE 102 B
PALM CITY FL 34990

(Will appear in this space)

3. Date Incorporated / Qualified: 02/12/1987
3a. Date of Last Report: 05/11/1994

2. Principal Office Address
21 1101 SW PINE TREE LANE
Suite, Apt. #: 22
City, State: 23 PALM CITY, FLA.
Zip: 24 34990 Country: 25 U.S.A.

2a. Mailing Address
26 1101 SW PINE TREE LANE
Suite, Apt. #: 27
City, State: 28 PALM CITY, FLA.
Zip: 29 34990 Country: 30 U.S.A.

4. FEI Number: 59-2056808 — 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. Does corporation has liabilities not in excess of $100,000 Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
BROWN, BARBARA ANN
1025 S.W. MARTIN DOWNS BLVD.
SUITE 102 B
PALM CITY FL 33490

10. Name and Address of New Registered Agent
81 Name: BROWN, BARBARA ANN
82 Street Address (P.O. Box Number is Not Acceptable): 1101 SW PINE TREE LANE
83
84 City: PALM CITY FL 85 Zip Code: 34990

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	BROWN, BARBARA ANN	NAME	
STREET ADDRESS	2391 S.W. RIVERSIDE DR.	STREET ADDRESS	1101 SW PINE TREE LANE
CITY, ST, ZIP	PALM CITY FL	CITY, ST, ZIP	PALM CITY, FLA. 34990
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	BROWN, JIMMY MYERS	NAME	
STREET ADDRESS	2391 S.W. RIVERSIDE DR.	STREET ADDRESS	1101 SW PINE TREE LANE
CITY, ST, ZIP	PALM CITY FL	CITY, ST, ZIP	PALM CITY, FLA. 34990
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that this information is filed on the annual report or supplemental annual report, that 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 the report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an address.

SIGNATURE: Barbara Ann Brown 4/29/95 (407) 286 0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0370065 CP