FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Mortham

Secretary of Stat

DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FILED Mar 05 1998 8:00am Secretary of State

VISION	CONTROL, INC.	• •			 				
Principal Place of Business Mailing Address CHARLES M. SUTYAK S27 SOUTH ORANGE AVE ORLANDO FL 32609 Mailing Address CHARLES M. SUTYAK 6327 SOUTH ORANGE AVE ORLANDO FL 32609 ORLANDO FL 32609					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified				7
					05/05/1987				╝
2. Principal Place of Business		2a, Mailing Address			4. FEI Number		Ar	oplied For	_]_
21		26			59-2821457			ot Applicable	,
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired			Additional equired		
City & State	e	City & State			6. Election Campaign Financing	_	\$5.00	May Be	-
23		28			Trust Fund Contribution	🗆	Added	to Fees	1
Zip	Country	Zip	Count	ry	8. This corporation owes or has p				ł
24	25	29	30		Personal Property Tax due Jun			_ No	4
	9. Name and Address of Currer	it Registered Agent	8	1 Name	10. Name and Address of New R	egistered	Agent		4
	TYAK, CHARLES M.			TYAITIE					-
6327 S. ORANGE AVE.			8	2 Street Add	dress (P.O. Box Number is Not Accepta	able)			7
OR	LANDO FL 32809		8	<u>.</u>					4
			"	"					
			8	4 City		FL	85 Zip (Code	7
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized l lorida Statut	by the corporates.	rporation submits this statement for the ation's board of directors. I hereby according	ept the app	changing it pointment as	s registered registered	
	Signature, typed or printed name of registered agr	ent and title if applicable (NO D DIRECTORS		gent signature requ	uired when reinstating)	DATE	NOCOTOR	20 111 40	નદ્વ
TITLE	D OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition	10/01
NAME	TAYLOR, CLOYD A.		1.2 NAME				Change	Attornor	17
STREET ADDRESS	13629 KIRBY SMITH RD.			ET ADDRESS					R2F034
CITY-ST-ZIP	ORLANDO FL		1.4 CITY					1 2 2 100	
TITLE	D	DELETE 2.1					Change	Addition	1
NAME	SUTYAK, CHARLES M.		2.2 NAM						
STREET ADDRESS	624 ALBERTSON PLACE			et address					1
CITY-ST-ZIP	ORLANDO FL	D DC/ FTC	2.4 CITY				T 1 0		4
TITLE		☐ DELETE 3.1 T					☐ Change	Addition	
NAME			3.2 NAM(
STREET ADDRESS				ET ADDRESS					1
CITY-ST-ZIP		☐ DELETE	3.4. CITY				Change	Addition	-
TITLE			4.1 TITLE	l l			Change	Agaillair	
NAME			4. 2 NAM	ĺ					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-				Change	Addition	4
TITLE							T Doguđe	Laj AQUIION	
NAME expert appares			5.2 AME						-
STREET ADDRESS				ET ADDRESS					-
CITY-ST-ZIP TITLE		DELETE	5.4 TY	-ST-ZIP			Change	Addition	1
NAME		C Martie	6. ME						1
STREET ADDRESS				ET ADDRESS					1
CITY-ST-ZIP				ST-ZIP					
0111-01-71F			0.	91-611					_

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address.

imption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information it that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in