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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J92404

(9)

Mailing Address

VISIONCRAFTERS, INC.

Principal Place of Business

FILED

Apr 30 1997 8:00am

Secretary of State

8903 WEST GL STE. G-11 BOCA RATON US	FL 33434	8903 WEST GLADES RD. STE. G-11 BOCA RATON FL 33434-4074 US		3, Date Incorporated or Qualified 3a, Date of Last Report 07/24/1996	
2. Principal Pl 21 2/97	lace of Business 9 (Lupot	2a. Mailing Address 26 2197 NW59	dres	4. FEI Number Applied For 65-0012189 Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	10000	5 Certificate of Status Desired S8.75 Additional	
City & State	9 7. 1	City & State		Fee Required	
23 BOGA	+ KAHON, FL	28 BOCK KHOW)	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24 3349	6 25 USA	29 33496 30	Country USA	S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
	RISI, JOSEPH		81 Nam	me	
2197 N.W. 59TH ST. BOCA RATON FL 33498		82 Street Address (P.O. Box Number is Not Acceptable)			
			83		
! !			84 City	y FL 85 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 exporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503. Florida Statutes.					
SIGNATURE TOSEPH WANTS TO SIgnature, typed or printed name of registered agent and life if synticable (NOTE Registered Agent is gnature required When (piristating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP Parisi, Joseph		1.1 TITLE	Change Addition	
NAME	2197 NW 59TH ST.		1.2 NAME		
STREET ADDRESS	BOCA RATON FL		1.3 STHEET ADDRES	ESS	
CITY-ST-ZIP *TITLE	VPSD		1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition	
NAME	FRIEDMAN, STEVEN	_	2.2 NAME		
STREET ADDRESS	11902 TIFFANY WAY		2.3 STREET ADDRES	rss	
CITY-ST-ZIP	TEQUESTA FL 33469-1776	2	2. 4 CITY-ST-ZIP		
TITLE			3.1 TITLE	Change Addition	
NAME		3	3.2 NAME		
STREET ADDRESS		3	3.3 STREET ADDRES	ESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	_ 	
TITLE		DELETE 4	4.1 TITLE	L_] Change L_] Addition	
NAME		4	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRES		
CITY-ST-ZIP			1.4 CITY - S1 - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE			5.1 HTLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRES	łss	
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP 5.1 TITLE	Change Addition	
	Maria.			Li cuande (Ti Aponton i	
NAME STREET ADDRESS			5.2 NAME	rce	

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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challed, or on an attachment with an adviress.