	PLEASE READ	 Ali inst	BUCTIONS	BEFORE (OMPLET	ING THIS FORMUVED	
16	STAPMENT STAPENT	FLORID	A DEPARTME Sandra B. Mor Secretary of S VISION OF CORPC	NT OF STATE rtham State	1	FILED 98 DEC 23 PM 3: 27	•
DOCU	UMENT # 595392				-	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corpora	. FLORIDA TR	ANSCRI	BERSIN	C			
Principal Pi	lace of Business	Mailing Addre	ess				
If above addresses are incorrect in any way, line through incorrect information and enter of 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If A					4. Date Incorpo	orated or Qualified	٦
1081 ASPRI WAY Suite, Apt. #, etc. Suite, Apt. #, etc.				-		orated or Qualified 1987	
City & State	<u> </u>	City & State			5. FEI Number	2842481 Applied For Not Applicable]
Zip	BEACH GARDENS, FL	Zìp	Countr	ý ·	6.	S8.75 Additional Fee require for a Certificate of Status	9
33 t	4/8 USA and Street Addresses of Each Officer and/o	or Director (Flor	ida nonprofit corpora	tions must list at lea	<u> </u>	Tor a Certificate di Status	4
Title(s)	and/or Directors Of 2 3 (Do NOT U			eet Address of Each ficer and/or Director se Post Office Box N	_	City / State / Zip	
			SPRI WAY TH GARDENS	FL 33418	PALM BEACH GARDENS, FC 33418	١	
v.P.				SPRI WAY	<i>f</i>	PALM BEACH GARDENS, E 33418	3
SECY,	LORAIL S. BLANCHARD			1714 KIMBERLY CT.		TIFTON, GA 31794	
					7000027225971		
					-12/24/9801098002 ****515.00 ****515.00 _		
						16,573	
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent		
TENECA A. CAPRARO				TERESA A. CAPRARO Street Address (P.O. Box Number is Not Acceptable)			
4546 CLEMENS ST. LAKE WORTH, FLA 33463				Suite, Apr. #, Etc.			
				City PALM BEACH GARDENS FL 3348			
10. I, being	appointed the registered agent of the abov	e named corpor	ation, am familiar wil				1
Signature of Registered A	Agent & Gluss Car	PARA AGE	NT MUST SIGN	.,		Date	
	s corporation owes or ha angible Personal Property			r Yes 🗹	No 🔲	(See other side for information on intangible tax.)	
this reins owed by	statement application, the reason for dissolu	ition has been e mes of individu ature shall have	eliminated, the corpor als listed on this form the same legal effe	rate name satisfies to n do not qualify for a	he requirements on exemption under bath.	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated	
SIGNAT	URE: SIGNATURE AND TYPED OR PRIN	ASUA ED NAME OF SI	M GNING OFFICER OR D	IRECTOR	12/8/	98 561-848-3293 Date Daytime Phone #	

Daytime Phone #