SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98480** **(3)**

1. Corporation Name
VISUAL F/X INC.

Principal Place of Business	Mailing Address
720 NORTH BERMUDA KISSIMMEE FL 34741	POST OFFICE BOX 420987 KISSIMMEE FL 34742 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1987
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21: 1637 E. Vine St.
22 Suite, Apt. #, etc.: Suite "A"
23 City & State: Kissimmee FL
24 Zip: 34744
25 Country: U.S.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2847943 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMENDOLA JR., JOSEPH R.
512 GLADE COURT
KISSIMMEE FL 34758

10. Name and Address of New Registered Agent

91 Name: Amendola JR., Joseph R.
92 Street Address (P.O. Box Number is Not Acceptable): 2735 Pineridge Circle
93
94 City: Kissimmee FL 95 Zip Code: 34746

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Joseph R. Amendola (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 7-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	AMENDOLA, JR., JOSEPH R.	12 NAME	Amendola JR., Joseph R.	
STREET ADDRESS	700 GRAPE AVENUE	13 STREET ADDRESS	2735 Pineridge Circle	
CITY ST ZIP	ST CLOUD FL	14 CITY ST ZIP	Kissimmee FL 34746	
TITLE	DVP	21 TITLE	DVP	☒ Change ☐ Addition
NAME	AMENDOLA, LISA M.	22 NAME	Amendola Lisa M	
STREET ADDRESS	700 GRAPE AVE	23 STREET ADDRESS	2735 Pineridge Circle	
CITY ST ZIP	ST. CLOUD FL	24 CITY ST ZIP	Kissimmee FL 34746	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joseph R. Amendola JR. 7-12-95 407-931-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170004 FP