## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # K29170



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90002 026 \*\*\*150.00

1. Corporation		•					İ					
INTERST	TATE VISIONS, INC.							6 18878316 BED 21868 (818) (618) (88) (88)	N 8181) BIB)		128(1 818)1 19 <b>8</b> (	
Principal Place	e of Business	Mailin	g Address					1 18010141 040 11810 18101 18014 1804 60	II DIBN DIBI	14 M) M41 M1M11 4	F1##1 01011 100f	
9409 US 19 9409 US 19												
693								DO NOT WRITE IN THIS SPACE				
PT. RICHEY FL 34668 US US US								3. Date Incorporated or Qualifed				
00		00						07/22/1988				
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ар	plied For	
21		26						59-2907238		No	t Applicable	
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.					5. Certifcate of Status Desired	1	\$8.75		
22		27						S. Commodic of Children Booker		Fee Re	<del></del>	
City & State	e 	<del></del>	ty & State					6. Election Campaign Financing	]	\$5.00 Added t		
23 Zin	Country	28 Zip		Çou	ntry			Trust Fund Contribution	one Intan		o rees	
Zip	25	29	,	30	iid y		ł	<ol><li>This corporation owes the current y Personal Property Tax.</li></ol>		igible ∐Yes	□No	
24	9. Name and Address of Curre		ed Agent	130	·			10. Name and Address of New Regis	stered Ag	gent		
		g.			81	Name						
MUTCHLER, A. JAMES					82	Street	Addres	s (P.O. Box Number is Not Acceptable)				
7804 ORCHID LAKE RD.				62 Street Addre			s (1.0. box Hamber is Not Acceptable)					
NEW PORT RICHEY FL 34653					83							
					84	City				85 Zip (	Code	
							d corporation submits this statement for the purpose of changing its registered					
office or n agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida 1	Such change was a	uthorized	l hv	the corno	oration'	s board of directors. I hereby accept the	e appointi	ment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if app	licable. (NOTE	: Registered	Agen	t signature re	equired w	hen reinstating)	DATE		-	
12.	OFFICERS AI	ND DIRECT		13.		<del></del>		ADDITIONS/CHANGES TO OFFICE			RS IN 12	
TITLE	P ANGER BARNING II		☐ DELETE	1.1 TF					l	☐ Change	☐ Addison [	
NAME	GAYFIELD, MARVIN K., II 19 CAPARDO DRIVE			1.2 N/		4000000						
STREET ADDRESS	WHITESBORO NY					ADDRESS						
CITY-ST-ZIP TITLE	S		☐ DELETE	2,1 TI	TY-\$1	I-ZIP				Change	Addition	
NAME	GAYFIELD, PATRICIA A.			2.2 N								
STREET ADDRESS	19 CAPARDO DRIVE					ADDRESS						
CITY-ST-ZIP	WHITESBORO NY					T-ZIP						
TITLE	VP		☐ DELETE	3.1 TI					;	Change	Addition	
NAME	MUTCHLER, A. JAMES			3.2 N	ME							
STREET ADDRESS	7804 ORCHID LAKE RD.			3 3 ST	REET	ADDRESS			•	•	ľ	
CITY-ST-ZIP	NEW PORT RICHEY FL			3.4. C		T-ZIP				F7 01		
TITLE	T DANGED BARRADA		☐ DELETE	4.1 TI						Change	Addition	
NAME	MUTCHLER, BARBARA			4. 2 N								
STREET ADDRESS	7804 ORCHID LAKE RD.					ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL		☐ DELETE	4.4 CI 5.1 TI		i-ZIP				Change	Addition	
TITLE NAME			_ 5000,0	5.1 N								
STREET ADDRESS						r address					1	
CITY-ST-ZIP				5.4 CI	TY-SI	T-ZIP						
TITLE			☐ DELETE	6.1 TI						Change	☐ Addition	
NAME				6.2 N	AME.							
STREET ADDRESS				6.3 S	REET	ADDRESS		·			Ì	
CITY-ST-ZIP				6.4 CI	TY-S	T-ZIP						

14. I 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 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, with all other like empowered.

CITY-ST-ZIP

1/20/99