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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K39815 (1)
 1. Corporation Name
VISUAL SYSTEMS OF CORAL SPRINGS, INC.



Principal Place of Business: **9005 WEST ATLANTIC BOULEVARD SUITE 9005 CORAL SPRINGS FL 33071 US**
 Mailing Address: **9005 WEST ATLANTIC BOULEVARD SUITE 9005 CORAL SPRINGS FL 33071-6953 US**

3. Date Incorporated or Qualified: **10/19/1988**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **65-0082706**
 Applied For or 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

2. Principal Place of Business: **9553 W Atlantic Blvd**
 Suite, Apt. #, etc.: **9553**
 City & State: **Coral Springs Fl.**
 Zip: **33071** Country: **USA**
 2a. Mailing Address: **9553 W Atlantic Blvd**
 Suite, Apt. #, etc.: **9553**
 City & State: **Coral Springs Fl.**
 Zip: **33071** Country: **US**

9. Name and Address of Current Registered Agent
AMERICO, ANGELO
9005 W ATLANTIC BLVD
SUITE 905
CORAL SPGS FL 33085

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AMERICO, ANGELO	
STREET ADDRESS	9005 W ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMERICO, DONNA	
STREET ADDRESS	9005 W ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JARMON, MICHAEL	
STREET ADDRESS	9005 W ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JARMON, JOY	
STREET ADDRESS	9005 W ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9553
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9553
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9553
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9553
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: **ANGelo AMERICO** DATE: **4-15-97** **954752250**

CR2E034 (9/96)