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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
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
21 9553 W Atlantic Blvd
Suite, Apt. #, etc.
22 9553
City & State
23 Coral Springs FL
Zip
24 33071 Country
25 USA

2a. Mailing Address
26 9553 W Atlantic Blvd
Suite, Apt. #, etc.
27 9553
City & State
28 Coral Springs FL
Zip
29 33071 Country
30 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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
4-15-97 954352250

CR2E034 (9/96)