

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K59001 (3)

1. Corporation Name
VISION LAND, INC.

Principal Place of Business 3290 S.E. FEDERAL HWY. STUART FL 34997 US	Mailing Address 3290 S.E. FEDERAL HWY. STUART FL 34997 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1989		4. FEI Number 59-2930787		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 945 S. BARCLOCK ST Suite, Apt. #, etc.	2a. Mailing Address 26 945 S. BARCLOCK ST Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State 23 Melbourne FL	27 City & State 28 Melbourne, FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip 32901	25 Country USA	29 Zip 32901	30 Country USA	

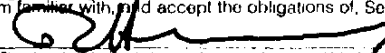
9. Name and Address of Current Registered Agent

GODGE, HOWARD E. JR.
401 EAST OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name **Richard Hellenberg**
 82 Street Address (P.O. Box Number is Not Acceptable)
945 S. BARCLOCK ST
 83
 84 City **MELBOURNE** FL 85 Zip Code **32901**

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: **4/29/98**


12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, MARIANN L.	
STREET ADDRESS	2951 SW BUENA VISTA BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KRIS E.	
STREET ADDRESS	116 RIVERWAY DR.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERRITT, MARK R.	
STREET ADDRESS	9265 HWY A1A	
CITY-ST-ZIP	MELBOURNE BCH. 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	CHAIRMAN, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM WALTER	
1.3 STREET ADDRESS	4320 W. Kennedy Blvd	
1.4 CITY-ST-ZIP	Tampa, FL 33609-2148	
2.1 TITLE	President, COO Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Berkey	
2.3 STREET ADDRESS	945 S. BARCLOCK ST	
2.4 CITY-ST-ZIP	MELBOURNE FL 32901	
3.1 TITLE	Vice President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Eric Abbott	
3.3 STREET ADDRESS	4320 W. Kennedy Blvd	
3.4 CITY-ST-ZIP	Tampa, FL 33609	
4.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Walter	
4.3 STREET ADDRESS	4320 W. Kennedy Blvd	
4.4 CITY-ST-ZIP	Tampa, FL 33609	
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 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:  DATE: **4/29/98 (409)725-4095**

CR2E034 (10/97)