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

PROFIT * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K91239**

1. Corporation Name

	VISORS INC.						
Principal Place	e of Business	Mailing Address				1811 BIBII BIBII BIBII BIBII BIB	ł
5315 NW 108TH		5315 NW 108TH WAY					
CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076							
US		US			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		}
					05/24/1989		1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Appli	ied For
21		26			65-0121007	Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- California Change Desired	¬ \$8.75 Ad	ditional
22		27		~~· _	5. Certifcate of Status Desired	Fee Requ	uired
City & State	e	City & State			6, Election Campaign Financing	¬ \$5.00 м	av Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	у	8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.]No
,	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
			8.	1 Name			
	T, GARY S 5 NW 108TH WAY		82	2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33076			83		11 11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15		A Real Ell
			84	4 City		85 Zip Co	de
· · · · · · · · · · · · · · · · · · ·						<u> </u>	
office or reagent. I as	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by ida Statute	y the corporations.	oration submits this statement for the puin's board of directors. I hereby accept the	ne appointment as regis	stered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered Age	ent signature required	when reinstating)	DATE	
12.	OFFICERS AN		_				
		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 12.
TITLE	PD	ID DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS Change	S IN 12
TITLE NAME				i			
NAME	PD HAFT, GARY S.		1.1 TITLE 1.2 NAME				
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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 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 autaduress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90008 047 ***150.00