## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

|   | 1996                              |   | Secretary of State DIVISION OF CORPORATIONS |                   |  |   |                              |   |                     |
|---|-----------------------------------|---|---|-------------------|--|---|------------------------------|---|---------------------|
| 1. Corporation  |                                   | L51319  |   |                   |  |   |                              |   |                     |
| ENEI  | rgyvision, inc                    | •   |   |                   |  |   |                              |   |                     |
| Principal Place   | e of Business                     | Me  | ailing Address                              |                   |  |   | 0  0                         |   |                     |
| % DAVID   |                                   |   | % DAVID MINOTTI                             |                   |  |   |                              |   |                     |
|   | IINOLA BLVD. #17<br>ERRY FL 32707 |   | 1511 SEMINOLA BLVE<br>CASSELBERRY FL 32     |                   |  |   |                              |   |                     |
| ONOCEDI   | EMIT LE GETO                      |   | 3.1001100111111111111111111111111111111     |                   |  | <ol> <li>Date Incorporated or Qualified<br/>02/20/1990</li> </ol>                 |                              | Last Report      <br>  <b>               </b> |                     |
| 2. Principal P  | Place of Business                 | 2a.   | . Mailing Address                           |                   |  | 4. FEI Number   | _L                           | Applied                                       | For                 |
| 21  |                                   | 26  |   |                   |  | 59-2992914  |                              | Not App                                       |                     |
| Suite, Apt.   | . #, etc.                         | 27  | Suite, Apt. #, etc.                         |                   |  | 5. Certificate of Status Desired  |                              | <b>\$8.75</b> Additi<br>Fee Require           |                     |
| City & Stat   | te                                | 28  | City & State                                |                   |  | Election Campaign Financing     Trust Fund Contribution                           |                              | \$5.00 May<br>Added to Fe                     |                     |
| Zip   | Cou                               | intry   | Zip   | Cour              | try  | 8. This corporation has liability for   |                              |   |                     |
| 24  | 25                                | [29]  | and Anne                                    | [30]              |  | Florida Statutes X Yes  10. Name and Address of New F                             | □ No                         | ent   |                     |
|   | 9, Name and Ad                    | dress of Current Regis  | veien wäeur                                 |                   | 81 Name  | 10, 110mc and Address of 1958 (   | - discolog VS                |   |                     |
| MINOTTI, DAVID M.<br>- <del>208 COLOMBO DRIVE" 108 VAL-M</del> のI<br>CASSELBERRY FL 32707 |                                   |   | 84 City                                     |                   |  | Valmora Dr.   | FL                           | 85 Zip Code                                   |                     |
| 11. Pursuant<br>or registe<br>familiar w<br>SIGNATURE                                     | DAVIN                             | ections 607,0502 and 60 the State of Florida, Such bligations of, Section 607 | 1 PRES                                      | •                 | re named corpor<br>orporation's boa<br>Agent signature require | ration submits this statement for the pured of directors. I hereby accept the app | rpose of changointment as re | ging its register<br>gistored agent           | ed office<br>. I am |
| 12.   | ergrissiae, type in printerior    | OFFICERS AND DIREC  | CTORS                                       | 13.               |  | ADDITIONS/CHANGES TO OFF  |                              |   |                     |
| TITLE   | D                                 | LAD   | DELETE                                      | 1 1 1/            |  |   | LJ                           | Change  | Addition            |
| NAME  | MINOTTI, DA                       | IVID<br>OLA BLVD. #17   |   | 1.2 NA            | ME<br>REET ADDRESS   |   |                              |   |                     |
| STREET ADDRESS  | CASSELBER                         |   |   | 1                 | Y-S1-ZIP   |   |                              |   |                     |
| TITLE   | VM                                | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                       | DELETE                                      | 2 1 1             |  | 1, proper   |                              | Change []                                     | Addition            |
| NAME  |                                   | M, MARC JUNIOR  |   | 2 2 NA            |  |   |                              |   |                     |
| STREET ADDRESS  |                                   | OLA BLVD. STE 17  |   |                   | REFT ADDRESS   |   |                              |   |                     |
| CITY-ST-ZIP   | CASSELBER                         | NT FL   | [] DELETE                                   | 2 4 Cil           | Y-ST-ZiP<br>ILF  |   | <u>-</u>                     | Change []                                     | Addition            |
| NAME  |                                   |   |   | 3 2 NA            |  |   |                              |   |                     |
| STREET ADDRESS  | s                                 |   |   |                   | REET ADDRESS   |   |                              |   |                     |
| CITY-ST-7IP   |                                   |   |   |                   | Y-ST-ZIP   |   |                              | Character F-3                                 | A aladisin          |
| TITLE   |                                   |   | DELETE                                      | 4.171             |  |   |                              | Change []                                     | Addition            |
| NAME<br>OZDCET ADDOSCO  |                                   |   |   | 4.2 NA            | ME<br>REET ADDRESS   |   |                              |   |                     |
| STREET ADDRESS<br>CITY - ST - ZIP   | °                                 |   |   |                   | IY-ST-ZIP  |   |                              |   |                     |
| TITLE   |                                   |   | [] DELETE                                   | 5 1 11            |  |   |                              | Change []                                     | Addition            |
| NAME  |                                   |   |   | 5.2 N/            | ME   |   |                              |   |                     |
| STREET ADDRESS  | s                                 |   |   | 1                 | REE1 ADORESS   |   |                              |   |                     |
| CITY-ST-ZIP   |                                   |   | DELETE                                      | 5.4 CI<br>6. 1 Te | TY-S)-ZIP  |   |                              | Change []                                     | Addition            |
| TITLE<br>NAME   | 1                                 |   | 1 1 1 1 1 1 1 1 1 1 1                       |                   |  |   |                              | sanonae ( )                                   | , agordon           |
| I BLOSEN  | 1                                 |   |   |                   |  |   | L                            |   |                     |
| STREET ADDRESS  | e                                 |   | Cjonen                                      | 6.2 NA            |  |   | L                            |   |                     |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ON THE SIGNIA STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR