PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L52649 1. Corporation Name VISON B., INC.

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Principal Place	e of Business	Mailing Address			<u> </u>	7	å indtifte na		11)1 a 1919 (\$1)1	A1411 A1411		lette Sitte enne	
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6.4 CiTY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eath; 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 attaching it with planatiess, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PA

STREET ADDRESS

Apr 22, 1999 8:00 am Secretary of State

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