*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT 1994-1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: VISONE CORVETTE OF FLORIDA

DOCUMENT # L53369

500001490135
-05/17/95--01024--023
DO NOT WRITE IN THIS SPACE ****200.00 ****200.00

Mailing Address / Principal Place of Business:
910 SW 2ND PLACE
POMPANO BEACH, FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21: 910 SW 2ND PLACE	2a. Principal Place of Business 26: 910 SW 2ND PLACE	3. Date Incorporated or Qualified: 2/27/90	3a. Date of Last Report
Suite, Apt. #, etc. 22:	Suite, Apt. # etc. 27:	4. FEI Number: 65-0173408	Applied For / Not Applicable
City & State 23: POMPANO BEACH FL	City & State 28: POMPANO BEACH, FL	5. Certificate of Status Desired: $8.75 Amount Due If Box Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: 33069 Country 25:	Zip 29: 33069 Country 30:	7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

John Visone
910 SW 2nd Place
Pompano Beach, FL 33069

10. Name and Address of New Registered Agent

91 Name: Corporation Service Company
92 Street Address, P.O. Box Number is Not Acceptable: 1201 Hays Street
93:
94 City: Tallahassee FL 95 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Karen B. Rozar — Corporation Service Company, Karen B. Rozar, as its agent — DATE: 5/12/95
(Registered Agent Accepting Appointment) (CITE Registered Agent signature requirements)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT, TREASURER, CLERK	11 TITLE	PRESIDENT, TREASURER, CLERK
12 NAME	JOHN CASEY	12 NAME	JOHN CASEY
13 STREET ADDRESS	20 SPRING ST	13 STREET ADDRESS	20 SPRING ST
14 CITY ST ZIP	SAUGUS, MA 01906	14 CITY ST ZIP	SAUGUS, MA 01906
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	T.S. 5/1/95
64 CITY ST ZIP		64 CITY ST ZIP	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning document authority imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: X — John Casey, President — 5/3/95 — (617) 231-6539
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number