FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82886 (7)

1. Corporation Name
MC VISION, INC.

Principal Place of Business	Mailing Address
% STEPHEN D. REES 2033 MAIN ST., SUITE 600 SARASOTA FL 34237	% STEPHEN D. REES 2033 MAIN ST., SUITE 600 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: ~~1933 B Whitfi~~ 922 Golf Island Dr
22 Suite, Apt. #, etc.:
23 City & State: Apollo Beach, FL
24 Zip: 33572
25 Country: US

2a. Mailing Address
26: 922 Golf Island Dr
27 Suite, Apt. #, etc.:
28 City & State: Apollo Beach, FL
29 Zip: 33572
30 Country: US

4. FEI Number: 65-0206662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REES, STEPHEN D.
2033 MAIN ST.
SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: William E. Wieland
82 Street Address (P.O. Box Number is Not Acceptable): 922 Golf Island Dr
83:
84 City: Apollo Beach FL 85 Zip Code: 33572

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: William E. Wieland William E. Wieland 4/17/95
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMP, DENNIS L.	1.2 NAME	
STREET ADDRESS	316 SCOTT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MARANTO, ROBERT J.	2.2 NAME	
STREET ADDRESS	5740 14TH ST., W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Dennis L. Camp 4/17/95 1-813-751-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DENNIS L. CAMP

0343220 CP