

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L82886

(7)

1. Corporation Name

MC VISION, INC.



Principal Place of Business

922 GOLF ISLAND DR.
2033 MAIN ST., SUITE 600
APOLLO BEACH FL 33572
US

Mailing Address

922 GOLF ISLAND DRIVE
2033 MAIN ST., SUITE 600
APOLLO BEACH FL 33572
US

2. Principal Place of Business

21 340 14TH STREET, W
Suite, Apt. #, etc.

2a. Mailing Address

26 5740 14TH STREET, W
Suite, Apt. #, etc.

22 City & State

23 BRADENTON, FL

24 34207 25 USA

27 City & State

28 BRADENTON, FL

29 34207 30 USA

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

04/26/1995

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

WIELAND, WILLIAM E
922 GOLF ISLAND DR.
SUITE 600
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 NONE

84 City

FL

85 Zip Code

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, JR.

Signature, typed or printed name of registered agent and title if applicable.

(Not a Registered Agent signature required when re-stating)

4/18/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CAMP, DENNIS L.
STREET ADDRESS 316 SCOTT AVENUE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME MARANTO, ROBERT J.
STREET ADDRESS 5740 14TH ST., W.
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1933 B WHITFIELD PARK LOOP
1.4 CITY-ST-ZIP SARASOTA FL 34243

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: ROBERT J. MARANTO 2-29-96 (941) 756-7299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)