

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90083 050 ***150.00

DOCUMENT # M97605

1. Corporation Name
INVISION INCORPORATED



Principal Place of Business Mailing Address
% JEANIE M. WALLACE JEANIE M. WALLACE
108-BEAL PKWY., SOUTH 3 ELKWOOD CT
FT. WALTON BEACH FL 32548 SHALIMAR, FL 32579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

08/25/1988

4. FEI Number

59-2907038

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, JEANIE M.
108-BEAL PKWY., SOUTH 3 ELKWOOD CT
FT. WALTON BEACH FL 32548 SHALIMAR, FL 32579

81 Name

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

83

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

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 DP ☐ DELETE
NAME WALLACE, MICHAEL E.
STREET ADDRESS 785 BLVD. OF THE CHAMPIONS
CITY-ST-ZIP SHALIMAR FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☒ DELETE
NAME WALLACE, JEANIE M.
STREET ADDRESS 108-BEAL PKWY., SOUTH
CITY-ST-ZIP FT. WALTON BCH. FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JEANIE M. WALLACE
2.3 STREET ADDRESS 3 ELKWOOD CT
2.4 CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D ☐ DELETE
NAME WALLACE, ROSCOE E.
STREET ADDRESS 3 ELKWOOD CT.
CITY-ST-ZIP SHALIMAR FL

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

TITLE VD ☐ DELETE
NAME WALLACE, JOANNE G.
STREET ADDRESS 785 BLVD. OF THE CHAMPIONS
CITY-ST-ZIP SHALIMAR FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0563171