

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 026 ****61.25

DOCUMENT # N32282

1. Corporation Name

VISION FOREIGN TRADE ZONE, INC.

Principal Place of Business

VISION COUNCIL
43 N KROME AVE
HOMESTEAD FL 33030
US

Mailing Address

43 N KROME AVE
HOMESTEAD FL 33030
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1989	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 65-0147746	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent

MILLER, CELESTE M.
43 N KROME AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name **SANDRA T. LYNN**
82 Street Address (P.O. Box Number is Not Acceptable)
830 N. KROME AVE.
83
84 City **HOMESTEAD FL** 85 Zip Code **33030**

11. Pursuant to the provisions of 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

Csq.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	DS STEVE SHIVER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ERIC	1.2 NAME	
STREET ADDRESS	43 N KROME AVE	1.3 STREET ADDRESS	790 N. HOMESTEAD BLVD.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL. 33030
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BAUER, R H	2.2 NAME	
STREET ADDRESS	43 N KROME AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	MUNZ, MARY ANN	3.2 NAME	
STREET ADDRESS	43 N KROME AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 of the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

R. S. BAUER, R. H. BAUER 3/15/99 (305) 247-7082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)