

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

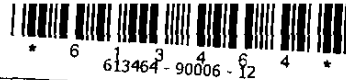
09-08-1999 90006 012 ****70.00

DOCUMENT # **N40293**

Corporation Name
VISION YISRAEL, INC.

Principal Place of Business
**700 COLUMBUS WAY
LONGWOOD FL 32750**

Mailing Address
**700 COLUMBUS WAY
LONGWOOD FL 32750**



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1990	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3058442	
City & State		27 City & State		Applied For Not Applicable	
Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PERMISON, HARVEY 700 COLUMBUS WAY LONGWOOD FL 32750				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
1. OFFICERS AND DIRECTORS					
1.1	D	<input type="checkbox"/> DELETE			
1.2	PERMISON, HARVEY				
1.3	700 COLUMBUS WAY				
1.4	LONGWOOD FL				
2.1	D	<input type="checkbox"/> DELETE			
2.2	CONNER, ROGER W III				
2.3	7919 SLOEWOOD DR				
2.4	MT DORA FL				
3.1	D	<input type="checkbox"/> DELETE			
3.2	ROTH, SIDNEY				
3.3	1829 DIXON LN				
3.4	ST SIMON ISLAND FL				
4.1		<input type="checkbox"/> DELETE			
4.2					
4.3					
4.4					
5.1		<input type="checkbox"/> DELETE			
5.2					
5.3					
5.4					
6.1		<input type="checkbox"/> DELETE			
6.2					
6.3					
6.4					

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 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: **SIGNATURE REQUIRED** 9-3-99 407 332-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001051

CR2E037 (5/99)