

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48702 (7)
1. Corporation Name

SOCIAL VISIONS INC.



Principal Place of Business
807 WARREN AVE
COCOA FL 32922

Mailing Address
807 WARREN AVE
COCOA FL 32922

3. Date Incorporated or Qualified 05/01/1992
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3132291	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

FERRILL, CAROLE A.
807 WARREN AVE
COCOA FL 32922

10. Name and Address of New Registered Agent

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 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	CARROLL, JACK	
STREET ADDRESS	5 S. PALM BAY	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VD	DELETE <input type="checkbox"/>
NAME	STEPHEN, WALLEN	
STREET ADDRESS	3034 ST. HELENS WAY	
CITY-ST-ZIP	MELBORNE FL	
TITLE	S	DELETE <input type="checkbox"/>
NAME	BINKLEY, RUTH	
STREET ADDRESS	4240 RHONDA CT.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	DELETE <input type="checkbox"/>
NAME	SUSANECK, MORRIS	
STREET ADDRESS	540 S. BREVARD AVE., #446	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	MCD	DELETE <input type="checkbox"/>
NAME	FERRILL, CAROLE A	
STREET ADDRESS	807 WARREN AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 (407) 632-7488
Date Daytime Phone
C.S. 8/14/0064957

CR2E037 (3/96)