

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000341 (6)

1. Corporation Name

VISIONARIES INCORPORATED



Principal Place of Business

**3493 INVERRARY BLVD. WEST
LAUDERHILL FL 33319**

Mailing Address

**3493 INVERRARY BLVD. WEST
LAUDERHILL FL 33319**

3. Date Incorporated or Qualified
01/24/1995

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

4. FEI Number

65 0551155

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

10. Name and Address of New Registered Agent

**SMITH, RONALD E
3493 INVERRARY BLVD. WEST
LAUDERHILL FL 33319**

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

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 **D** ☐ DELETE
NAME **SMITH, RONALD E**
STREET ADDRESS **3493 INVERRARY BLVD. WEST**
CITY-ST-ZIP **LAUDERHILL FL 33319**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **BARBER TERRANCE**
1.3 STREET ADDRESS **3030 SW 1ST ST**
1.4 CITY-ST-ZIP **3030 SW 1ST ST**

TITLE **D** ☐ DELETE
NAME **SMITH, GLORIA**
STREET ADDRESS **3161 WEST KEARNEY BLVD.**
CITY-ST-ZIP **FRESNO CA 93706**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **BARBER, TERRANCE L.**
2.3 STREET ADDRESS **#3030 SW 1ST Street**
2.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D** ☒ DELETE
NAME **COOPER, TONY**
STREET ADDRESS **3060 SO. OAKLAND FOREST DRIVE STE. 1102**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ZEBERSKY, JUDD**
4.3 STREET ADDRESS **1353 GUNNER CIRCLE**
4.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

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 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:

Ronald E. Smith

RONALD E. SMITH

2/19/96

954 572-7242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)