FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000000341 (6)

VISIONARIES INCORPORATED

FILED May 06 1998 8:00am Secretary of State

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Principal Place of Business Malling Address				I NOBIHOL DIA MATAL AUSTR BOTH OBLIC OBEN BONI BENT BETAR BLOOF FIRM DIGOL MAR AUSTR	
3493 INVERRARY BLVD. WEST 3493 INVERRARY BLVD. WEST LAUDERHILL FL 33319 LAUDERHILL FL 33319			3. Date Incorporated or Qualified 01/24/1995		
					4. FEI Number Applied For
					65-0551155 Not Applicable
2. Principal Place of Business [2a. Malling Address				EP 75 Additional	
21 26				6. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be	
27				Trust Fund Contribution Added to Fees	
City & State City & State				7. Is this nonprofit corporation a homeowners association?	
23			Coun	tru.	Yes No
Zip	Country	Zip	30	uy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
24	9. Name and Address of Curre	29 ant Registered Agent	130	····-	10. Name and Address of New Registered Agent
			te	1 Name	
SMITH I	RONALD E		-	2 Street	reet Address (P.O. Box Number is Not Acceptable)
	ERRARY BLVD. WEST			MZ Street	real Address (F.O. Box Number is Not Acceptable)
	HILL FL 33319		[8	13	
_,,			h	4 City	ly 85 Zip Code
					" FL 1" i
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statul	es, the abo	by the cor	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, Fi	orlda Statu	tes.	oorporation of social of an obtained property and appearance of the social of the soci
SIGNATURE					
12.	Signature, typed or printed name of registered at OFFICERS At	pent and title if applicable. (NO) ND DIRECTORS	E: Registered :	Agent signatur	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 1111	<u> </u>	☐ Change ☐ Addition
NAME	SMITH, RONALD E		1.2 NAA	IE	
STREET ADDRESS	3493 INVERRARY BLVD. WE	ST		EET ADDRESS	ess
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY	-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITL	Ē.	☐ Change ☐ Addition
NAME	SMITH, GLORIA		2.2 NAA	Æ	
STREET ADDRESS	3161 WEST KEARNEY BLVD	,	2.3 STR	EET ADDRESS	ESS Section 1
CITY-ST-ZIP	FRESNO CA		2.4 CIT	Y-ST-ZIP	
TITLE	D	DELETE	3.1 TITL		Change Addition
NAME	BARBER, TERRANCE L		3.2 NAA		
STREET ADDRESS	#3030 SW 1ST ST			EET ADORESS	
CITY+ST-ZIP	FORT LAUDERDALE FL	™ DELETE		Y-ST-ZIP	Change Addition
TITLE	D TOCOOKY IIIDO	DELETE	4.1 3171.		C Change C Addition
NAME	ZEBERSKY, JUDD		4. 2 NA		
STREET ADDRESS	1353 GINGER CIR FT LAUDERDALE FL			EET ADDRESS	i
CITY-ST-ZIP	FI DAUDERDALE FL	DELETE	5.1 TITL	/-\$T-ZIP F	Change Addition
HAME		tand promite	5.2 NAA		
STREET ADDRESS				eet address	NESS
CITY-ST-ZIP				-ST-ZIP	
TITLE		☐ DELETE	6.1 TITL		☐ Change ☐ Addition
NAME			6.2 NAA	AE .	
STREET ADDRESS			6.3 STR	EET ADDRESS	RESS
CITY-ST-ZIP			6.4 C/TY	-ST-ZIP	
44					The state of the s

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 chapter 6, or on an attachment with an address.