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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001559 (1)
1. Corporation Name
V.I.S.I.O.N.S. OF BROWARD COUNTY, INC.



Principal Place of Business: 2750 S.E. 1ST COURT, POMPANO BEACH FL 33062
Mailing Address: 2750 S.E. 1ST COURT, POMPANO BEACH FL 33062-5420

3. Date Incorporated or Qualified: 03/21/1996
3a. Date of Last Report: N/A
4. FEI Number: 65-0648808
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

21. Principal Place of Business: 690 S.E. 23rd Ave #5
22. Suite, Apt. #, etc.: 5
23. City & State: Pomp. Bch., FL
24. Zip: 33062
25. Country: [Blank]
26. Mailing Address: 690 S.E. 23rd Ave #5
27. Suite, Apt. #, etc.: 5
28. City & State: Pomp. Bch., FL
29. Zip: 33062
30. Country: [Blank]

9. Name and Address of Current Registered Agent
WEBSTER, MONICA
2750 S.E. 1ST COURT
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 690 S.E. 23rd Ave.
83 #5
84 Pomp. Bch., FL
85 Zip Code: 33062

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: *Monica Webster* DATE: 2/27/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEBSTER, MONICA	
STREET ADDRESS	2750 S.E. 1ST COURT	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEDARD, ELAINE	
STREET ADDRESS	2820 BASS WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELMAN, BRIAN	
STREET ADDRESS	1222 S.E. 7TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREINER, RAMONA	
STREET ADDRESS	923 N.E. 23RD TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	690 S.E. 23rd Ave #5	
1.4 CITY-ST-ZIP	Pomp. Bch., FL 33062	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Moore	
2.3 STREET ADDRESS	2725 N.E. 25th Place	
2.4 CITY-ST-ZIP	FT. LAUD., FL 33305	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Helman, BRIAN	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	None appointment as of yet.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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, 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: *Monica Webster* DATE: 2/27/97 9540417997

CR2E037 (9/96)