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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006227 (9)**

1. Corporation Name

PROJECT VISION, INC.

Principal Place of Business

522-526 SW PT. ST. LUCIE BLVD.
PT. ST. LUCIE FL 36953

Mailing Address

522-526 SW PT. ST. LUCIE BLVD.
PT. ST. LUCIE FL 36953

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

65-0796600

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRISON, SANDRA
522-526 SW PT. ST. LUCIE BLVD.
PT. ST. LUCIE FL 36953

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

Sandra J. Harrison, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HARRISON, SANDRA**
STREET ADDRESS **522-526 SW PT. ST. LUCIE BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE FL 36953**

TITLE **D** ☐ DELETE

NAME **SMITH, TARA**
STREET ADDRESS **522-526 SW PT. ST. LUCIE BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE FL 36953**

TITLE **D** ☐ DELETE

NAME **CRAWFORD, FAITH**
STREET ADDRESS **522-526 SW PT. ST. LUCIE BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE FL 36953**

TITLE **D** ☐ DELETE

NAME **DESPOSATI, JOHN**
STREET ADDRESS **522-526 SW PT. ST. LUCIE BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE FL 36953**

TITLE **D** ☐ DELETE

NAME **DOUGLAS, ED**
STREET ADDRESS **522-526 SW PT. ST. LUCIE BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE FL 36953**

TITLE **D** ☐ DELETE

NAME **FRIEDBERG, MEL**
STREET ADDRESS **522-526 SW PT. ST. LUCIE BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE FL 36953**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
THOMAS A. BROWN
1330 N.W. 13TH AVE
BOCA RATON, FL. 33487

14. 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.

SIGNATURE:

Sandra J. Harrison, President

11/15/98

CR2E037 (10/97)