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**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90006 032 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000006227**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

65-0796600

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

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

*SANDRA J. HARRISON*  
(NOTE: Registered Agent signature required when reinstating)

*4/30/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, SANDRA	
STREET ADDRESS	522-526 SW PT. ST. LUCIE BLVD.	
CITY-ST-ZIP	PT. ST. LUCIE FL 36953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, TARA	
STREET ADDRESS	522-526 SW PT. ST. LUCIE BLVD.	
CITY-ST-ZIP	PT. ST. LUCIE FL 36953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, FAITH	
STREET ADDRESS	522-526 SW PT. ST. LUCIE BLVD.	
CITY-ST-ZIP	PT. ST. LUCIE FL 36953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESPOSATI, JOHN	
STREET ADDRESS	522-526 SW PT. ST. LUCIE BLVD.	
CITY-ST-ZIP	PT. ST. LUCIE FL 36953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, THOMAS A	
STREET ADDRESS	1330 NW 13TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carl Miller	
1.3 STREET ADDRESS	526 S.W. PORT ST LUCIE BLVD.	
1.4 CITY-ST-ZIP	PORT ST LUCIE, FL. 34953	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Claussen	
2.3 STREET ADDRESS	526 S.W. PORT ST LUCIE BLVD.	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gayle Craig	
3.3 STREET ADDRESS	526 S.W. PORT ST. LUCIE BLVD.	
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Melvin Friedberg	
4.3 STREET ADDRESS	526 S.W. PORT ST. LUCIE BLVD.	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	
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 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, with all other like empowered.

SIGNATURE:

*Sandra J. Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/99*  
Date

*561-878-7818*  
Daytime Phone #

CR2E037 (11/98)