200 <sup>-</sup>	1 UNIFORM	BUSINESS RE	PORT (	UBR)					0074379
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704 ENTE	ERPRISES, INC.					VISION OF COR	OF STAN	E Fire	<
704 S. MILITA	pe of Business NRY TRAIL BEACH FL 33415	Mailing Address 704 S. MILITARY TH WEST PALM BEACH			* 10011000 (21 00111 001	VISION OF COR	<b>45</b> 11:8: 1:8:8 1	<b>6</b> ) ((   <b>6.4</b> ) ( <b>4.6</b> )	
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		EMST#	TELL CHENT A TOTAL OT WRITE IN THIS SE	PACE (	21	
City & Star	te ,	City & State			i. FEI Number	Applied ton-	γΑρ	plied For	]
Zip	Country	Zip	Countr	′ 5	i. Certificate of Status D	esired \$	8.75 Add	litional	
	6. Name and Address of	t Current Registered Agent		7 Name	. Name and Address o			-	7
WACHS, JEFFREY S ESQ.					). Box Number is Not Ac	ceptable)			
	3RD AVENUE JDERDALE FL 33316								
				City		FL	Zip Code	9	
8. The above	named entity submits this st	atement for the purpose of changi	ing its registered	office or registered	agent, or both, in the Sta	ate of Florida.			
SIGNATURE	11/1/	1 1							
0.0.0	Signature Typed or printed name of reg	pistered agent and title if applicable.	(NOTE: Registered /	lgent signature required whe	n reinstating)	11/261	01		
9. This corporate filting	Sufficient proper priffied name of rec gration is eligible to satisfy its requirement and elects to do ria on back)	so After Septemb	NOW!!! FEE IS	sgent signature required who \$ \$550.00 be will be \$750.00 partment of State	10. Election Camp Trust Fund Co	paign Financing	\$5.00	0 May Be to Fees	
9. This corp Tax filing (See crite	ration is eligible to satisfy its requirement and elects to do ria on back)	Intangible FILE N so. After Septemb Make Check F ERS AND DIRECTORS	NOW!!! FEE !! per 12, 2001 Fo Payable to Dep 12.	\$ \$550.00 ee will be \$750.00 partment of State	10. Election Camp Trust Fund Co	oaign Financing ntribution.	\$5.00 Added	to Fees	
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13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a purple like empowered.

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP