

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 APR -4 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P23742 (0)

1. Corporation Name

VISIONWORKS REALTY CORPORATION

Principal Place of Business

130 ALBERT STR
STE 1500
OTTAWA ON K1P 5-4
CA

Mailing Address

130 ALBERT STREET
SUITE 1450
OTTAWA ONT, CA K1P5G
CA

600001448706

-04/06/95--01015--004

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

02/24/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

c/o Intellivest Mgmt., Inc.

Suite, Apt. #, etc.

13535 Feather Sound Dr., #125

City & State

Clearwater, FL

Zip

34622

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACON, DAVID A
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

81 Name

E. Ralph Tirabassi

82 Street Address (P.O. Box Number is Not Acceptable)

Ferguson, Skipper, et al

83

1515 Ringling Blvd., #1000

84 City

Sarasota,

FL

85 Zip Code

34230

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and that applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCBRIDE, ROSS
STREET ADDRESS	130 ALBERT STR, STE 1500
CITY ST ZIP	OTTAWA, ONT., CANADA
TITLE	PD
NAME	DONNELLY, JAMES
STREET ADDRESS	130 ALBERT STR, STE 1500
CITY ST ZIP	OTTAWA, ONT., CANADA
TITLE	ST
NAME	VAUGHAN, CRAIG
STREET ADDRESS	130 ALBERT STR, STE 1500
CITY ST ZIP	OTTAWA, ONT., CANADA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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	

4/4/95 nlsf

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. James Donnelly

3/20/95

613-782-2277