## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000015317 (0)

VISION MERCHANTS, INC.

Principal Place of Business

Mailing Address

418 SEYMOURE CT.

P.O. BOX 1359

## **FILED** Apr 24 1997 8:00am Secretary of State



OVIEDO FL 32765		OVIEDO FL 32765	OVIEDO FL 32765			
					Date Incorporated or Qualified     12/28/1992	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-3158380	Not Applicable
Suite Apt #. etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Srat 23		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	Counts 30	у .	<ol> <li>This corporation has liability for in Florida Statutes</li> </ol>	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent
HOV	WARD, SUSAN		8.	Name		
419 SEYMOURE CT.			82	Street Add	dress (P.O. Box Number is Not Acceptab	lo\
OVIE	EDO FL 32765		[	000()	aross (r.e. Bek Hamber is Het Needplab	,
			83			
			84	City		85 Zip Code
			"	( ),,,,		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fi	tes, the above authorized b forida Statute	re-named corpora by the corpora is.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
	Signature, fyried or printed name of registere		TE Registered A	jent signature requ	uired when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TI*LE	P CHOCKED	DELETE	1.1 TIFLE			Change Addition
NAME	HOWARD, SUSAN L		1.2 NAME			
STREET ADDRESS	419 SEYMOURE CT.		1.3 STREE	T ADDRESS		
City-St-ZiP	OVIEDO FL 32765		1.4 CITY-	\$T-ZIP		-
THILE		☐ DELETE	2.1 TITLE			Change Addition
NAM!			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CDY-SI-ZIP		- Driete	2. 4 CITY-	ST-ZIP		
TOLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			•
STREEL ADDRESS				T ADDRESS		
CITY - ST - ZIP		T brieff	34 CITY-	ST-ZIP		100
lile		☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME	- 1		
STREET ADDRESS				TADDRESS		
CITY-SI-7/P		Dritte	44 CITY-	ST-ZIP		
TIFLE		☐ DELETE	5 1 TITLE			Change Addition
NAME OTERCY ACCRECE			52 NAME			
STREET ADDRESS			1	ADDRESS		
CITY-ST-ZIF		□ pccere	5.4 CrTy -	ST-ZIP		
îiîLê		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
CHTY-ST-ZIP			64 CITY-	RT - 71P		

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 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