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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90100 013 ***150.00

DOCUMENT # P93000013928

EDUCATIONAL VISIONS OF FLORIDA, INC.				
	Principal Place of Business	Mailing Address		
	35941 CLEAR LAKE DR. EUSTIS FL 32726	35941 CLEAR LAKE EUSTIS FL 32726		

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35941 CLEAR LAKE DR. 35941 CLEAR LAKE DR. EUSTIS FL 32726 EUSTIS FL 32726				DO NOT WRITE IN TH	IS SPACE	<u> </u>	
					3. Date incorporated or Qualifed 02/15/1993		
2.	Principal Place of Business	2a. Mailing Address			4, FEI Number		Applied For
21	·	26			59-3168621		Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
23	City & State	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
24	Zip Country		Country	,	This corporation owes the current year I Personal Property Tax.	Intangible	
27	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
	BRUNS, RICHARD P		81	Name			-
	35941 CLEAR LAKE DRIVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	EUSTIS FL 32726		83				
			84	City	F	L 85	Zip Code

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.

agent. I am ramiliar with, and accept the bullgations of, Section 607.5555, Fibrata Statistics.							
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT		S IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition		
NAME	BRUNS, RICHARD P		1.2 NAME				
STREET ADDRESS	35941 CLEAR LAKE DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETÉ	2.1 TITLE	☐ Change	☐ Addition		
NAME	BRUNS, VIVIAN T		2.2 NAME				
STREET ADDRESS	35941 CLEAR LAKE DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition		
NAME-			3.2 NAME -	والمستحصرين والمتعم			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	- 110 - 110			
TITLE		□ DELETE	5.1 TITLE	☐ Change	☐ Addition		
NAME (5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-Z)P			5.4 CITY-ST-ZIP				
TITLE		□ DELETE	6.1 TITLE	☐ Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS	-		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Section 119.07(3)(i). Florida Statutes. I further certify that the inf	inmotion		

I nereby certify that the information supplied with this filling 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 of 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changes, or on an attaching with an address, with all other like empowered.