

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000067291 (3)

1. Corporation Name

VISIBILITY INTERNATIONAL, CORP.

Principal Place of Business

1821 WINKLER AVE.
FT. MYERS FL 33901

Mailing Address

1821 WINKLER AVE.
FT. MYERS FL 33901

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/28/1993		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0442177		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		☐	
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9. Name and Address of Current Registered Agent

QUAST, GIFFORD
1821 WINKLER AVE.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUAST, GIFFORD
STREET ADDRESS	1821 WINKLER AVENUE
CITY - ST - ZIP	FT. MYERS FL
TITLE	T
NAME	SAKUTA, KEVIN M.
STREET ADDRESS	4333 WYNKOOP CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	S
NAME	LYONS, TOM
STREET ADDRESS	1806 STIRRUP COURT
CITY - ST - ZIP	PLANT CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	Karl H. Quast
2.3 STREET ADDRESS	155 N. Harbor Dr
2.4 CITY - ST - ZIP	Chicago, IL 60601
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Sue E. Quast
3.3 STREET ADDRESS	1821 Winkler Ave
3.4 CITY - ST - ZIP	Fort Myers, FL 33901
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	

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)(k), 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:

Gifford Quast

8-7-95

813-278-0424