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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Vision Trust Marketing, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business
21 5029 Edgewater Drive
Suite, Apt. #, etc.
22 City & State
23 Orlando, FL
Zip Country
24 32810 25

2a. Mailing Address
26 5029 Edgewater Drive
Suite, Apt. #, etc.
27 City & State
28 Orlando, FL
Zip Country
29 32810 30

3. Date Incorporated or Qualified
11/10/1993

4. FEI Number
59-3236530
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.
Yes No

9. Name and Address of Current Registered Agent
Harris, Marshall S.
390 North Orange Ave.
Suite 1100
Orlando, FL 32801

10. Name and Address of New Registered Agent
81 Name
Harris, Marshall S.
82 Street Address (P.O. Box Number is Not Acceptable)
5029 Edgewater Drive
83
84 City
Orlando
85 Zip Code
FL 32810

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 *Marshall S. Harris* Marshall S. Harris
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/18/99

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *J. William Brandner* J. William Brandner
Signature and typed or printed name of signing officer or director Date 3/22/99 Davine Phone # (407) 521-7477