FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000026024 (7)**

1. Corporation Name

VISIONS IN SCALE, INC.

Principal Place of Business	Mailing Address
120 VISTA OAK DR LONGWOOD FL 32779	120 VISTA OAK DR LONGWOOD FL 32779

3. Date Incorporated or Qualified: 04/04/1994	3a. Date of Last Report: 08/08/1995
4. FEI Number: 59-3235128	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SHIRLEY, JAMES L
120 VISTA OAK DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 617.1605, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	SHIRLEY, JAMES L		2. NAME	
STREET ADDRESS	120 VISTA OAK DR		3. STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		4. CITY-ST-ZIP	
TITLE	V	☒ DELETE	5. TITLE	☐ Change ☐ Addition
NAME	D'AMOTO, JOSEPH E.		6. NAME	
STREET ADDRESS	3613 RUNNING WATER DR.		7. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		8. CITY-ST-ZIP	
TITLE		☐ DELETE	9. TITLE	☐ Change ☐ Addition
NAME			10. NAME	
STREET ADDRESS			11. STREET ADDRESS	
CITY-ST-ZIP			12. CITY-ST-ZIP	
TITLE		☐ DELETE	13. TITLE	☐ Change ☐ Addition
NAME			14. NAME	
STREET ADDRESS			15. STREET ADDRESS	
CITY-ST-ZIP			16. CITY-ST-ZIP	
TITLE		☐ DELETE	17. TITLE	☐ Change ☐ Addition
NAME			18. NAME	
STREET ADDRESS			19. STREET ADDRESS	
CITY-ST-ZIP			20. CITY-ST-ZIP	
TITLE		☐ DELETE	21. TITLE	☐ Change ☐ Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY-ST-ZIP			24. 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 added by amendment with respect to this report.

SIGNATURE: _____ 3/28/96 407-682-4099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)