ANNUA	OFIT DRATION L REPORT D96		RIDA DEPART Sandra B Secretary VISION OF CO	Mortham of State				
prporation Na	ENT # P9400C IIIL CORP.	03168	8 (2)					
cipa' Place of Business Mailing Address 12 SOUTH OCEAN BLVD. 2342 SOUTH OCEAN BLVD. CHLAND BEACH FL HIGHLAND BEACH FL						 	U_U_U U U U U U U U U U U U	
					3. Date Incorporated or Qualified			
						04/26/1994 4. FEI Number	08/03	3/1995
rincipal Place of Business		2a. Mailing Address 26			65-0488783		Not Applicabl	
uite, Apt. #,	etc.	Suite. Ar.	ot. #, etc.			5. Certificate of Status Desired	L \$	58.75 Additional Fee Required
ity & State		27 City & Stale 28				 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Be Added to Fees
p	Country	Zip		Country		8. This corporation has liability f Florida Statutes	ior intangible tax u res 🔲 No	nder s. 199.032,
	25 9. Name and Address of Curren	29 It Registered Ag		30		10. Name and Address of Nev		ent
	ED HWY STE 450 FON FL 33431			84	City		FL	85 Zip Code
Pursuant to	the provisions of Sections 607.0502 d agent, or both, in the State of Florid , and accept the obligations of, Secti			s, the above r d by the corp		ration submits this statement for the ind of directors. I hereby accept the a	numbers of chang	ing its registered off gistered agent. I am
Pursuant to or registered familiar with	3 agent, or both, in the state of Floric , and accept the obligations of, Sectionary gradure, typed or protectioned of registerio agent	tand the rapidition	vida Statutes.	E (tigibled Age	iamed corpo oration's boa	el whe is result to be	purpose of chang appointment as reg	
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