FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

2:26

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032808 (5)

1. Current Name
INTER-VISION PRODUCTIONS, INC.

Principal Place of Business
101 STAG RIDGE COURT
LONGWOOD FL 32779

Mailing Address
101 STAG RIDGE COURT
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 05/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21 246 N. WESTMONTE DR.
Suite, Apt. #, etc.
22 STE 212
City & State
23 ALTAMONTE SPRINGS, FL
Zip
24 32714
County
25 USA

2a. Mailing Address
26 246 N. WESTMONTE DR.
Suite, Apt. #, etc.
27 STE 212
City & State
28 ALTAMONTE SPRINGS, FL
Zip
29 32714
County
30 USA

4. FEI Number
59-3245315
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 elected to be taxed as an "S" corporation under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'NEAL, CHARLES W
101 STAG RIDGE COURT
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. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

12. OFFICER AND/OR DIRECTOR

PSTD
O'NEAL, CHARLES W
101 STAG RIDGE COURT
LONGWOOD FL 32779

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

PSTD
THOMAS W. HAMPER
23 W. STEELE ST.
ORLANDO, FL 32804
X Change ☐ Add

14. I hereby certify that the information indicated on this 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 with an address, with respect to the entity named above, to which notice may be sent by the Department.

SIGNATURE: Thomas W Hamper
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4-28-95 407 788 5355
Date Daytime Telephone Number

0044810 CR