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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000042930 (5)

1. Corporation Name
VISUAL EDGE STUDIOS, INC.



Principal Place of Business
519 CLEVELAND ST.
SUITE 207A
CLEARWATER FL 34615

Mailing Address
519 CLEVELAND ST.
SUITE 207A
CLEARWATER FL 34615-4052

3. Date Incorporated or Qualified
06/02/1994

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3266671

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

ZWERS, KATHRIN R
300 N. OSCEOLA AVE.
#4B
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
ZWERS, KATHRIN R

82 Street Address (P.O. Box Number is Not Acceptable)
400 N. BETTY LANE

83

84 City
CLEARWATER FL

85 Zip Code
34615

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 *K. Zwers* KATHRIN R ZWERS 7 April 1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ZWERS, JAMES B
300 N. OSCEOLA AVE. #4B
CLEARWATER FL 34615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ZWERS, KATHRIN R
300 N. OSCEOLA AVE. #4B
CLEARWATER FL 34615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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

D
ZWERS, JAMES B
400 N. BETTY LN
CLEARWATER FL 34615

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
ZWERS, KATHRIN R
400 N. BETTY LN
CLEARWATER FL 34615

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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.

SIGNATURE: *K. Zwers* KATHRIN R ZWERS 7 April 97 (813) 441-1823

CR2E034 (9/96)