

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

FILED

97 MAR -5 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000069118 (5)

1. Corporation Name

VIZACOM, INC.

REINSTATEMENT 1996-1997

Principal Place of Business

Mailing Address

6049 NW 36TH DR  
GAINESVILLE FL 32653  
US

6075 NW 36TH DR  
GAINESVILLE F 32653  
US

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

07/13/1995

2. Principal Place of Business

21 3916 SW 19 STREET

2a. Mailing Address

26 3916 SW 19 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 GAINESVILLE, FL

27 GAINESVILLE, FL

City & State

City & State

23 32608 USA

28 32608 USA

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3321065

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

9. Name and Address of Current Registered Agent

RICHTER, EUGENE A  
105 SE 1ST AVE., SUITE 1  
GAINESVILLE FL 32601

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 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

*Eugene Richter* EUGENE RICHTER

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

|                |                 |  |
|----------------|-----------------|--|
| TITLE          | D               | <input checked="" type="checkbox"/> DELETE |
| NAME           | RICHTER, EUGENE |  |
| STREET ADDRESS | 6049 NW 36TH DR |  |
| CITY-ST-ZIP    | GAINESVILLE FL  |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> DELETE            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | RICHTER, EUGENE       |  |
| 1.3 STREET ADDRESS | 3916 SW 19 STREET     |  |
| 1.4 CITY-ST-ZIP    | GAINESVILLE, FL 32608 |  |
| 2.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                       |  |
| 2.3 STREET ADDRESS |                       |  |
| 2.4 CITY-ST-ZIP    |                       |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |  |
| 4.3 STREET ADDRESS |                       |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 5.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Eugene Richter* EUGENE RICHTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

Date

(352) 336-6780

Daytime Phone #

CR2E034 (12/95)