FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS										
DOCU 1. Corporatio	MENT #	P940000								
	AGE VISION INC		•	•						
						·				
Principal Place of Business Mailing Address									IDIAL DILLE SI	SI BINI BON 1584
	BLVD SUITE 163 CH GARDENS FL 33418		4521 PGA BLVD SU PALM BEACH GARDE		В					
							3. Date Incorporated or Qualified		ale of Last F	
2. Principal P	lace of Business		2a. Mailing Address			11/23/1994 4. FET Number	_1	06/14/19	Applied For	
21)	[26]				65-0543814 Not Applicable			
Suite, Apt.	#, e lc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional	
City & Stat	Ια	2	City & State						Required	
23		21	28				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Cour		Ζφ	Cour	ntry		8. This corporation has liability for	intangible		
24	25	29 30				Florida Statutes X Yes No				
	9, Name and Add	Iress of Current Reg	jistered Agent	·	81	Name	10. Name and Address of New F	legistered	1 Agent	
TOVE S	CKAADE									
TOVE SKAADE 4521 PGA BLVD STE 163					82	Street Ad	ddress (P.O. Box Number is Not Acceptat	ole)		
PALM BCH GARDENS FL 33418					83					~
					84	City			85 Z	ip Code
OF LEGISIE	rea age it, or pour, ir r	gations of, Section 60	urn orange was autron 97.0596, Fjoeda Statute	ized by the o is.	ortig	rahon s b	poration submits this statement for the pul- card of nirectors. Thereby accept the app	rpose of chointment a	nanging its i is registered	registered office d agent. I am
12.		OFFICERS AND DIR					ADDITIONS/C+IANGES TO OFF		IO DIRECTO	ORS IN 12
TITLE	D D		□ DELETE						☐ Change	ne tibbA 🔲
NAME STREET ADDRESS	SKAADE, TOVE % 4521 PGA BL	VD CHITE 165		1.2 NA						
CITY-ST-ZIP		ARDENS FL 3341				ADDRESS				
TITLE	TALIN BEROIT C	PRIDEIRO I E 3041	DELETE	1 4 CIT 2 1 TH			Vice PresideNT		☐ Change	Addition
NAME				2.2 NA			Vice President Martin Verlaga 1403 Applica ET Lake Park, Fl 3	rol		X radiation
STREET ADDRESS				23 ST	KEET.	ADDRESS	1403 Healton ET			
CITY - ST - ZIP	ļ				1 51	- ZIP	Lake Park Fl 3	3403		
TIFLE			DELETE	3 1 DI			•		Change	Add tion
NAME STREET ADDRESS				3.2 NAM						
CITY-ST-ZIP						ADDRESS				
TITLE	† -		DELETE	3.4 C/T 4.1 T/F		- ZIF.			Change	Addition
NAMÉ				4.2 NA3						
STREET ADORESS				43.518	EE 1 /	ADDRESS				
CITY-S1-2IP				4.4.011	1-51	ZIP	<u> </u>			
TITLE			[] DELETE	5 1 711					Change	☐ Addition
NAME STREET ADDRESS				5.2 NAM						
City-ST-ZIP				5 4 CIT		NDORESS 210				
TITLE			DELETE	6 1 111	_	- 211			Change	Addition
NAME				6.2 NAN	ΝE					
STREET ADDRESS				6.3 S1H	EE! A	ADDRESS				
CITY - ST - ZIP				6.4 CITY	Y - S r	-7P				

14. To 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 trusted 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-625-3695 Daytine Priving #

CR2E034 (12/95)