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May 13 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 # **P94000091294 (6)**

1. Corporation Name
VISION IMPACT FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2970 HARTLEY RD SUITE 204 JACKSONVILLE FL 32257	2970 HARTLEY RD SUITE 204 JACKSONVILLE FL 32257-6245

2. Principal Place of Business	2a. Mailing Address
21 3733 CROWN POINT RD	26 3733 CROWN POINT RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 JACKSONVILLE	28 JACKSONVILLE
24 Zip 32257 / 25 Country DUVAL	29 Zip 32257 / 30 Country DUVAL

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: 05/21/1996
4. FEI Number: 59-3293164 ☐ 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	10. Name and Address of New Registered Agent
BEARDSLEY, DALE A ~~225 WATER ST~~ 12 EAST BAY STREET ~~SUITE 1400~~ JACKSONVILLE FL 32202-~~5147~~ 3427	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 _____ DATE
Signature, type or printed name of registered agent and title, if applicable (NOTE: Required if Agent signature required where applicable)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPITZ, RUSSELL W		1.2 NAME	
STREET ADDRESS	~~2970 HARTLEY RD SUITE 204~~ 3733 CROWN POINT		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, ANTHONY		2.2 NAME	
STREET ADDRESS	~~2970 HARTLEY RD SUITE 204~~ 3733 CROWN POINT		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: RUSSELL W SPITZ 4/26/97 904-262-6011