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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT



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

1996-1997

DOCUMENT # P95000021193

1. Corporation Name
Sun Vision, Inc.

Principal Place of Business Mailing Address
989 W. Kennedy Blvd.
Orlando, FL 32810 Same

2. Principal Place of Business 2a. Mailing Address
21 989 W. Kennedy Blvd. 26 Same
22 101 Suite, Apt. #, etc. 27
23 Orlando, FL City & State
24 32810 Zip 25 USA Country 29 Zip 30 Country

3. Date incorporated or Qualified 3a. Date of Last Report
1995
4. FEI Number Applied For
59-3316916 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
Steven C. Quattri
304 Celtic Court
Oviedo, FL 32765

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, however, not accepting the obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Steven C. Quattri* DATE: 4/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: Pres. NAME: Steven C. Quattri
SIGNATURE: 304 Celtic Ct CITY-ST-ZIP: Oviedo, FL 32765
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
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[DELETE]
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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
2.1 TITLE [Change] [Addition]
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 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 created 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 attached sheet with an address.

SIGNATURE: *Steven C. Quattri* DATE: 4/10/97 Daytime Phone #: 407 660 2300

CR2E034 (9/96)