

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

DOCUMENT # P95000024913 (2)

1. Corporation Name

VISION MANAGEMENT SYSTEMS, INC.



Principal Place of Business

4679 ROTHSCHILD DR.
CORAL SPRINGS FL 33065

Mailing Address

4679 ROTHSCHILD DR.
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
03/27/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 1264 N.W. 52nd Way
Suite, Apt. #, etc.

26 1264 N.W. 52nd Way
Suite, Apt. #, etc.

4. FEI Number

65-0565966

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

PEREZ, RUTH M
4679 ROTHSCHILD DR.
CORAL SPRINGS FL 33065

81 Name

PETER ASARE

82 Street Address (P.O. Box Number is Not Acceptable)

1264 NW 52nd Way

83

84

Pompano Beach

FL

85 Zip Code

33064

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

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

PETER ASARE, PRESIDENT

4/22/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEREZ, RUTH M
STREET ADDRESS 4679 ROTHSCHILD DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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1.1 TITLE

PETER ASARE PSTD

1.2 NAME

1264 NW 52nd Way

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Pompano Beach FL 33064

2.1 TITLE

ASARE, PETER PSTD

2.2 NAME

1264 NW 52nd Way

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Pompano Beach FL 33064

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Peter Asare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER ASARE PRESIDENT

4/22/96

954-360-9800
Date Daytime Phone #

CR2E034 (12/95)