## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90031 048 \*\*\*150.00

1999

DOCUMENT # P95000024913

VISION MANAGEMENT SYSTEMS, INC.						 		<b>a</b> iai ii <b>aa</b> a iii i <b>aa</b> i
l					1			<u> </u>
Principal Place	of Business	Mailing Address					III 99119 IISII 81916 1	
1924 NE 3RD S	ST ·	1924 NE 3RD ST						
#9						DO NOT WOITE IN	I TUIC CDACE	
DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441 US US						3. Date Incorporated or Qualifed	THIS SPACE	
us .						03/27/1995		Į
		lia Malling Address			<del></del> _	4. FEI Number		Applied For
<b>⊢</b> −¬,	lace of Business	2a. Mailing Address			•	65-0565966	<del>     </del>	Not Applicable
21	4 -1-	Suite, Apt. #, etc.				00 000000	\$8.7	5 Additional
Suite, Apt. :	#, etc	27				5. Certifcate of Status Desired	•	Required
City & State		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28		3- <b>-</b>		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cour	ntry	<del></del>	8. This corporation owes the current y	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren					10. Name and Address of New Regis	tered Agent	
				81	Name	•		ļ
l	RE, PETER		}	82 Street Add		ss (P.O. Box Number is Not Acceptable)	<del></del>	
1	I NE 3RD ST		ĺ	02	Olicol Addio	So (1:0. Box Hamber to 1:0. Soprime)		
#9				83				.
DEE	RFIELD BCH FL 33441		}	84	City		85 2	ip Code
}		•	1	04	City .		FL  °°	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-	named corpo	ration submits this statement for the purp	ose of changing	its registered
office or co	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Stich change was all	ithorizea.	חז עחו	ne corporation	's board of directors. I hereby accept the	в арронилен аз	; registered
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if applicable (NOTE:	Registered	Agent s	signature required	when reinstating)	ATE	<del></del> -
12.		ID DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TIT	TLE.			Chan	ge Addition
NAME	Perez, ruth M	•	1.2 NA	ME	İ			1
STREET ADDRESS	4679 ROTHCHILD DR.		13 ST9	OFFT 4	ADDRESS			
CITY-ST-ZiP	CORAL SPRINGS FL 33065			KEE! A				
TITLE	PSTD			TY-ST-7	ZIP			
NAME		☐ DELETE		TY-ST-	ZIP		☐ Chan	ge 🔯 Addition
STREET ADDRESS	ASARE, PETER	☐ DELETE	1.4 CIT	1Y-ST-2	ZIP		☐ Chan	ge Addition
	ASARE, PETER 1924 NE 3RD ST #9	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	TY-ST-Z TLE WME	ZIP ADDRESS		☐ Chan	ge Addition
	ASARE, PETER 1924 NE 3RD ST #9 DEERFIELD BCH FL 33441	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI	TY-ST-Z TLE WME	ADDRESS		☐ Chan	
CITY-ST-ZIP	1924 NE 3RD ST #9	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI	TY-ST-Z TLE WME TREET A TTY-ST-	ADDRESS		☐ Chan	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-360-9800