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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500036741

BLUE RIDGE VISION, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90124 043 ***150.00



						—-		ENDAL HIN IBBI	
Principal Place of Business Mailing Address									
13910 NORTH I	DALE MABRY HWY	13910 NORTH DALE MABRY HWY SUITE ONE							
TAMPA FL 3361	8	TAMPA FL 33618				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/05/1995	,		
Principal Place of Business Za. Mailing Addr.			dress			4. FEI Number	-	pplied For	
21		26	26			59-3314171	N/	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5,-Certificate of Status Desired 5Certificate 5Cer			
22		27	27			Fee Required			
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	. Country Zip Cou		Coul	at the despotation of the time services					
24	25	29	30			Personal Property Tax.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81 Name					
SANDERS, WALTER			-	82	Street Address (P.O. Box Number is Not Acceptable)				
13910 NORTH DALE MABRY HWY			000171.00						
SUIT	E ONE							1	
TAM	PA FL 33618			0.4	014	85	مناخ	Code	
				84	City	FL °	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 withy and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	O DELETE 1.1 TO		LE _			Change	☐ Addition		
NAME	KRYM, ROBERT 1.2 N		ME	ļ					
STREET ADDRESS	13910 N. DALE MABRY #1		1.3 ST	REET A	ADDRESS			Ì	
CITY-ST-ZIP	TAMPA FL		1.4 CI	TY-ST-	ZIP				
TITLE	D DELETE 21TI		LE			Change	☐ Addition		
NAME			2.2 NA	ME	1			1	
STREET ADDRESS			2.3 ST	REÉT/	ADDRESS			}	
CITY-ST-ZIP	TAMPA FL	er emen y y y	2,4 CI	TY-ST	ZIP	$r_{\rm col} = r_{\rm col}$		• •	
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TITLE			4.1 TI				Change	☐ Addition	
NAME ·			4. 2 N	AME				ļ	
STREET ADDRESS			4.3 ST	REET /	ADDRESS				
CITY-ST-ZIP			1	TY-ST-					
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NAME		_	5.2 NA		-				
STREET ADDRESS			5.3 ST	REET	ADDRESS			ļ	
CITY-ST-ZIP				TY-ST-					
TITLE		☐ DELETE	6.1 717				Change	☐ Addition	
NAME .		<u></u>	6.2 NA	ME		_	-	-	
NAME > .				-					

6.4 CITY-ST-ZIP 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 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.

SIGNATURE:

STREET ADDRESS