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

PROFIT CORPORATION ANNUAL REPORT

1997

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044026 (9)

VISIONARY ENTERTAINMENT GROUP, INC.

| Principal Place of Business Mailing Address 530 8. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 Mailing Address 530 8. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 | | | | | | | |
|--|---|---|-----------------------------------|---|--|---|--|
| | | | | | 3. Date Incorporated or Qualified 06/07/1995 | 3a. Date of Last Report 09/17/1996 | |
| <u> </u> | Place of Business | 2a. Mailing Address | · · ·- | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 65-0587980 | Not Applicab | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | _ | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip 24 | Country 25 | Zip 29 | Countr 30 | у | This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032. Yes No | |
| | g. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Re | gistered Agent | |
| LINDA M. GRANATA, P.A. 12700 BISCAYNE BLVD. SUITE 401 NORTH MIAMI FL 33181 | | | 81 | | | | |
| | | | 83 | 83 84 City FL 85 Zip Code | | | |
| | | | 84 | | | | |
| office or r agent. I a SIGNATURE | m familiar with, and accept the obligation | tions of, Section 607.0505, Flo and tille if applicable. (NOTE | orida Statute :: Rogistered Ag | S. | poration submits this statement for the pation's board of directors. I hereby accepaired when reinstating) | DA1E | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PV8 | ☐ DELETE | 1.1 TITLE | | | Change Addition | |
| NAME | ALLEN, JODIE | | 1.2 NAME | | | | |
| STREET ADDRESS | 1272 S.E. 2ND AVENUE | | | T ADDRESS | | | |
| CITY-ST-ZIP TITLE | DEERFIELD BEACH FL 33441 | DELETE | 1.4 CITY - | S1-ZIP | | Change Addition | |
| NAME | | L. DELETE | 2.1 TITLE 2.2 NAME | 1 | | The country | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY- | | | • | |
| TITLE | | DELETE | 3.1 TITLE | 01-511 | | Change Addition | |
| NAME | at . | _ | 32 NAME | 1 | | , ··· | |
| STREET ADDRESS | i. | | 3.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - | ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition | |
| NAME | | | 4 2 NAME | ļ | | | |
| STREET ADDRESS | | | 4.3 STREE | I ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ! | ST-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition | |
| NAME | | | 5.2 NAME | | | | |

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

14. I do hereby certly that the information supplied with this filing does not grafify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 conporation or the reference or trusted emphasized 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 air attachment with an address.

FILED

Jun 05 1997 8:00am

Secretary of State

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Change