

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #
1. Corporation Name **P95000044209**

Vision Dealer Services Corporation

Principal Place of Business	Mailing Address
29125 US Hwy 19 N Clearwater, FL 34621	Same

3. Date Incorporated or Qualified 5/31/95	3a. Date of Last Report
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2. Principal Place of Business		2a. Mailing Address	
21	6403 N. Jade Terrace Suite, Apt. #, etc	26	6403 N. Jade Terrace Suite, Apt. #, etc.

22	City & State	27	City & State
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23	Crystal River, FL	28	Crystal River, FL
Zip	Country	Zip	Country

24	34428	25	Citrus	29	34428	30	Citrus
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9. Name and Address of Current Registered Agent

4. FEI Number	Applied For
59-3316967	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Michael W. Harter
201 Lafayette Blvd
Oldemar, FL 34677

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable) 6403 N. Jade Terrace		
83			
84	City	FL	85 Zip Code 34428

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 Michael W. Harter, President DATE 5/7/97

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	P/D	<input type="checkbox"/> DELTTE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael W. Harter		1.2 NAME	
STREET ADDRESS	201 Lafayette Blvd		1.3 STREET ADDRESS	6403 N. Jade Terrace
CITY-ST-ZIP	Oldsmar, FL 34677		1.4 CITY-ST-ZIP	Crystal River, FL 34428

TITLE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	

CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	

CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	400002207304
STREET ADDRESS	6.3 STREET ADDRESS	-06/10/97--01038--029

CITY - ST - ZIP	54 CITY - ST - ZIP	***165.00
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	05

STREET ADDRESS 63 STREET ADDRESS 6/2/97

14. I do 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.

SIGNATURE: Michael W. Harter, President 5/7/97 352/563-5

CR2E034 (9/96)