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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050557 (4)

EARTH VISIONS, INC.

Principal Place of Business Mailing Address 244 GROVE ST 244 GROVE ST MERRITT ISLAND FL 32925 MERRITT ISLAND FL 32825 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1995 Applied For 2. Principal Place of Business 2a, Mailing Address 59-3333070 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENSON, ROBERT C 7215 PLUTO AVE Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32927 83 84 City 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed harne of registered agont and title it applicable Registered Agent signature 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.5 TITLE TITLE BENSON, ROBERT C 12 NAME NAME 7215 PLUTO AVE 1.3 STREET ADDRESS STREET ADDRESS **COCOA FL 32927** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BENSON, MARYANN 2.2 NAME NAME 7215 PLUTO AVE 2.3 STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34. DITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

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FILED

May 06 1998 8:00am

Secretary of State