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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058476 (9)

VISION BUILDERS, INC.

SIGNATURE:

Principal Place		Mailing Address POST OFFICE BOX 65			······································				
108 CYRUS ST MARCO ISLAN	REET	MARCO ISLAND FL 34							
US SERIES	7 FE 30307					3. Date Incorporated or Qualified 07/28/1995	1	ate of Last Re 24/1996	eport
2, Principa: F	Place of Business	2a. Mailing Address				4. FEI Number			plied For
21	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26			·····	65-0599834			t Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.				5. Certificate of Status Desired	X	\$8.75 A Fee Re	
City & Star	10	City & State		·····/-		6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip 3 4	Country	Zιp		intry		8. This corporation has liability fo	r intangible X Yes [199.032,
24 99	9, Name and Address of Curre	29 29 Agent	30	Τ		Florida Statutes 10. Name and Address of New F			· · · · · · · · · · · · · · · · · · ·
900	OTT, MARIE P			81	Name	10,			
	PLANTATION COURT			02	Ctroct Addr	ess (P.O. Box Number is Not Accepta	abla)		
	RCO ISLAND FL 33937		82 Street Ac		Street Addi	ess (r.O. Dox Number is Not Accepte			
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			İ	84	City			85 Zip (Qode,
		00 4500 51 14 0		Ц			FL	- 34	145
office or	registered agent, or both, in the Stati	e of Florida. Such change w	vas authorized	d by	the corporat	poration submits this statement for the ion's board of directors. I hereby acc	purpose o ept the app	ग changing its pointment as	s registered registered
agent la	am familiar with, and accept the oblig	gations of, Section 607.0505	, Florida Stat	tutes					
SIGNATURE	Signature, typed or printed name of registered ag	whi and the dispresention	(NOTE: Registere	d Age	of signature requir	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.		The second second	ADDITIONS/CHANGES TO OFF		D DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TO	TLE				Change	Addition
NAME	BORDEAU, NELSON A		1.2 NA	AME					
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CITY-ST-2IP	MARCO ISLAND FL		1.4 CI	ITY-\$1	1- <i>1</i> 1P				
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NAME	DODOCALI CAMODA C	☐ DELETE	2.1 111	ITLE				Change	Addition
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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 sorporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Blook 33/I changed or on an attachment with an address.