

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060649 (7)**

1. Corporation Name

**NET VISIONS, INC.**

Principal Place of Business

**1910 W. PLATT ST.  
TAMPA FL 33606**

Mailing Address

**6010 HAMMOCK WOODS DR.  
ODESSA FL 33556**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/04/1995</b>	
21	Suite, Apt. #, etc.	26	<b>1910 W PLATT ST</b>	4. FEI Number <b>59-3443852</b>	Applied For Not Applicable
22	City & State	27	<b>Tampa FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	<b>33606</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	<b>FL</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ORTIZ, ERNEST  
6010 HAMMOCK WOODS DR  
ODESSA FL 33556**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 name of the registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b>	1.1 TITLE	<b>V.P.</b>
NAME	<b>ORTIZ, ERNEST</b>	1.2 NAME	<b>Tommy Ortiz</b>
STREET ADDRESS	<b>6010 HAMMOCK WOODS DR.</b>	1.3 STREET ADDRESS	<b>308-B FREEMONT</b>
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33606</b>
TITLE	<b>TS</b>	2.1 TITLE	
NAME	<b>ORTIZ, MAJA J</b>	2.2 NAME	
STREET ADDRESS	<b>6010 HAMMOCK WOODS DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE

CR2E034 (10/97)