

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000071724 (5)

1. Corporation Name
VISIONARY SYSTEMS CONSULTING, INC.



Principal Place of Business: **329 SARTO AVE. CORAL GABLES FL 33134-7219**
Mailing Address: **329 SARTO AVE. CORAL GABLES FL 33134-7219**

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report
4. FEI Number 65-0616398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LING, PAUL
329 SARTO AVE.
CORAL GABLES FL 33134-7219**

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

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE _____ DAN _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1. TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Paul Ling	
3. STREET ADDRESS	329 Sarto Ave	
4. CITY-STATE-ZIP	Coral Gables, FL 33134-7219	
5. TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Paul Ling	
7. STREET ADDRESS	329 Sarto Ave	
8. CITY-STATE-ZIP	Coral Gables, FL 33134-7219	
9. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Heather Ling	
11. STREET ADDRESS	329 Sarto Ave	
12. CITY-STATE-ZIP	Coral Gables, FL 33134-7219	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement 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 officer or partner, employee or agent of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or correction is filed with an address.

SIGNATURE: **Paul Ling / President 4/14/96**

CR2E034 (12/95)