## 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 # P95000080626 (1)

VISUAL MEDIA, INCORPORATED

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						a tablicada tilb kallak atitik anett anatta onsta enska kallia datta atitia statia datta anat	
333 S. FRANK	CLIN STREET	P.O. BOX 3432				·	
TAMPA FL 33	602	TAMPA FL 33601				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	٦
						10/18/1995	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For	┪
21		26				<b>59-3340938</b> Not Applicable	0
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	႕
City & State		City & State				6. Election Campaign Financing \$5,00 May Be	1
Zip Country		Zip Country				Trust Fund Contribution	ᅱ
24	25		_	i iu y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24	9, Name and Address of Currer		30]			10. Name and Address of New Registered Agent	$\dashv$
CAI	<del></del>			81	Name		┪
	NONICO, ERIC						╛
	6 IDLE FOREST PLACE IPA FL 33614			82 5	Street Addi	dress (P.O. Box Number is Not Acceptable)	
1740	MFA FL 33014		ŀ	83			┪
			l.			***************************************	_
				84 (	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-n	amed corp	poration submits this statement for the purpose of changing its registered	1
office or r	<b>egistered a</b> gent, or both, in the State <b>m fam</b> iliar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607,0505. Flo	iuthorized irida Stati	d by th utes.	ne corporal	alion's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
SIGNATURE	Signature, typed or profud name of registered ag-	*****	Registered	l Agent s	signature requi	ired where reinstating) DATE	╝
12.	<del></del>	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D	L DELETE	1.1 111		1	Change  Addition	۱ (
NAME	CANONICO, ERIC		1.2 NA				- [
STREET ADDRESS	5916 IDLE FOREST PLACE			REET AD	· I		
CITY-ST-ZIP	TAMPA FL 33614	DELETE		IY-ST-Z	ZIP	Change Addition	4
TITLE	D CANONICO VADEN	□ DETENE	21 111			C coange C Xounton	1
NAME ATTACK ADDRESS	CANONICO, KAREN		22 NA		DDFAA		
STREET ADDRESS	\$916 IDLE FOREST PLACE			AEET AD			
CITY-ST-ZIP TITLE	<u>TAMPA FL 33614</u>	DELETE	2. 4 UI	TY-ST	ZIP	Change Addition	$\exists$
NAME	BROOKS, BARNEY	occir	3.2 NA				`
STREET ADDRESS	1013 S. DAKOTA #A			REET AD	DRESS		
CITY-ST-ZIP	TAMPA FL 33606		1	TY-ST-7			
TITLE	Train Ci te ACCOC	DELETE	4.1 TIT			☐ Change ☐ Addition	$\exists$
NAME		•	4. 2 NA				
STREET ADDRESS			4.3 STREET		DRESS		
CITY-ST-ZIP				Y-ST-Z			
TITLE		☐ DELETE	5.1 TIT			Change Addition	1
NAME			5.2 NAME				-
STREET ADDRESS			5.3 STREET A		DRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	IP _		_]
TITLE		☐ DELETE	6.1 TIT	'LE		Change Addition	ı
NAME			6.2 NAME				
STREET ADDRESS			6.3 STF	REET AD	DRESS		1
CITY-ST-ZIP			6.4 CIT	Y-ST-2	IP		

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, 3 on an attachment with an address.