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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

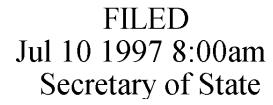
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # **P95000090883** (6)

VISION MORTGAGE & INVESTMENTS, INC.





Principal Place of Business 1290 HIGHWAY A-1-A # 208-8 SATELLITE BEACH FL 32937		Mailing Address				C PODITION THE LEGICLATIVE BOOK BOTH BOTH BOTH BOTH BOTH (6:00 1114 106)			
		697 N HEDGECOCK SOUARE SATELLITE FL 32637-3924							
						Date Incorporated or Qualified 11/27/1995	3a. Da	ate of Last F 12/1996	Report
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		pplied For	
21		26			59-3347510	Not Applicable			
Suite, Apt.	. #, e1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & Stat	<u> </u>	City & State							equired
23		28			Election Campaign Financing Trust Fund Contribution	\Box		May Be to Fees	
Zip	Country	Zip	Cou	untry		This corporation has liability for in			~~~
24	25	29	30	•			Yes [5. 189.032,
	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	lstered.	Agenl	
GAS	SETT, SUE A			81	Name				
1290				Street Addr	dress (P.O. Box Number is Not Acceptable)				
SATI	ELLITE BEACH FL 32937			82			~ <i>,</i>		
				63					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508. Florida Ste	itules the al	hove	named corr	poration submits this statement for the po	irnoco of	changing i	te registered
office or r agent. I a	regi ste red agent, or both, in the State am fam iliar with, and accept the oblig	e of Florida. Such change wa lations of, Section 607.0505,	as authorized Florida Stat	d by tutes	the corporat	ion's board of directors. I hereby accep	the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (1)	NOTE: Banislara	d Anon	al signatura social	red when reinstating)	DATE		
12.		D DIRECTORS	13.	o riger	Tognature rodon	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	. 1.1 Ti	TLE				Change	Addition
NAME	GASSETT, SUE A		1.2 N	AME					
STREET ADDRESS	697 N HEDGECOCK SQUARE		1.3 ST	TREET /	ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.4 CI	TY-ST	- ZIP				
TITLE		☐ DELETE	2.1 TI	TLE				Change	Addition
NAME	· ·		2.2 NA	ame					
STREET ADORESS			2.3 ST	TREET A	ADDRESS				
CITY-SY-ZIP		TT Brieve		ITY-SI	T-ZIP				
TITLE		☐ DELETE	3.1 TI		1			L. Change	Addition
NAME			3.2 NA		•				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C	ITY-SI	T-ZIP			Change	Addition
NAME		□ vetere	4.1 III 4.2 N					L_ Change	Modificial
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE		DELETE		4.4 CITY-ST-ZIP 5.1 TITLE				Change	Addition
NAME			5.2 NA					- vinigo	, idoladi
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY - ST					
TITLE		DELETE	6.1 TIT		- 411			Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS			•	
CITY-ST-ZIP				TY-ST					

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 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 on an attachment with an address.