

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000092325 (8)
 1. Corporation Name
VISION MASTERS AND ASSOCIATES CORP.

Principal Place of Business Mailing Address
1676 US Hwy #1 **1676 US Hwy #1**
 SEBASTIAN FL 32958 SEBASTIAN FL 32958-2322
 US US

3. Date incorporated or Qualified: **12/05/1995** 3a. Date of Last Report: **2-4-97**

4. FEI Number: **59-3348457** 5. Certificate of Status Desired: **\$0.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

7. Principal Place of Business: **1676 US Hwy #1**
 7a. Mailing Address: **same**

7b. City & State: **SEBASTIAN, FL** 7c. City & State: **same**

7d. Zip: **32958** 7e. Zip: **US**

8. Name and Address of Current Registered Agent:
RODRIGUEZ, KERRY E
100 TUCSON ROAD SW
PALM BAY FL 32909-3925

9. Name and Address of New Registered Agent:
 9a. Name: **RODRIGUEZ, KERRY E.**
 9b. Street Address (P.O. Box Number is Not Acceptable): **906 GLENHAM DR. N.E.**
 9c. City: **PALM BAY** 9d. Zip Code: **FL 32905**

I, pursuant to the provisions of Sections 607.0602 and 607.1308, 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 607.0606, Florida Statutes.

SIGNATURE: _____ (Type, typed or printed name of registered agent and the FEI number) (Type registered agent signature if required upon submitting) (Type)

13. OFFICERS AND DIRECTORS	
13.1 NAME	RODRIGUEZ, KERRY E <input type="checkbox"/> DELETE
13.2 STREET ADDRESS	100 TUCSON ROAD SW 906 Glenham Dr. W
13.3 CITY-ST-ZIP	PALM BAY FL 32909-3925 Palm Bay, FL 32905 <input type="checkbox"/> DELETE
13.4 TITLE	
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY-ST-ZIP	
13.8 TITLE	
13.9 NAME	
13.10 STREET ADDRESS	
13.11 CITY-ST-ZIP	
13.12 TITLE	
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY-ST-ZIP	

14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME	
14.3 STREET ADDRESS	
14.4 CITY-ST-ZIP	
14.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.6 NAME	
14.7 STREET ADDRESS	
14.8 CITY-ST-ZIP	
14.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.10 NAME	
14.11 STREET ADDRESS	
14.12 CITY-ST-ZIP	
14.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.14 NAME	
14.15 STREET ADDRESS	
14.16 CITY-ST-ZIP	

14. I do hereby certify that the information furnished 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: *Kerry E. Rodriguez* **4/29/98** **40x95000**

CORPORATION (9800)

12/19