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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90061 044 \*\*\*150.00

i. Corporado	MENT # <b>P96000</b> DIO VISUAL, INC.	020492							
Principal Place	e of Business	Mailing Address				LONG!		11041 <b>00</b> 411 <b>0</b> 4040 1	
3685 INVESTMENT LANE. SUITE 3 RIVIERA BEACH FL 33404  3685 INVESTMENT LANE. SUITE 3 RIVIERA BEACH FL 33404					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed				
					,	6 incorporated or Qualife (06/1996	u		,
2 Principal P	lace of Business	2a. Mailing Address				Number		Apr	olied For
21		26			65-	0649888		Not	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			<del></del>	tifcate of Status Desired		\$8.75 A	
22		27			3. Cen	ilicate of Status Desired		Fee Red	quired
City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing \$5.00 May Be					
23	28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			s corporation owes the cu sonal Property Tax.	rrent year Int		□No
24	9. Name and Address of Current	<u> </u>	101			ne and Address of New	Registered	,	
	9. Name and Address of Curren	t registered Agent	81	Name	10.				
MONTALVO, MARGARET F 11911 U S HWY 1, SUITE 201					ddress (P.O. E	Box Number is Not Accep	otable)		
NUH	TH PALM BEACH FL 33408		83	3					
			84	City			FL	85 Zip C	Code
l office or r	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was autitions of, Section 607.0505, Florid	nonzed by da Statute:	s.	orporation sub ation's board of duined when reinstate	or directors. Thereby acc	ept the appoi	changing its intment as reg	registered gistered
12.	OFFICERS AN		13.			ITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12
TITLE	D ·	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	HILL, THOMAS F 12N								
STREET ADDRESS	RESS 3685 INVESTMENT LANE, SUITE 3			ET ADORESS					ļ
CITY-ST-ZIP	THITIEIU DE 1011 1 2 00 101		1.4 CITY-	ST-ZIP				F7.05	
TITLE		☐ DELETE	2.1 TITLE	1				Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS	7			ET ADDRESS .		<u> </u>	• •	-	~ ·
C/TY-ST-Z/P		(	2. 4 CITY- 3.1 TITLE	ST-ZIP				Change	Addition
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NAME STREET ADDRESS				ET ADDRESS					
STREET ADDRESS			3.4. CITY-						[
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			<del>-</del> <del></del>		Change	Addition
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CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
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STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-					["] Change	Addition
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME	<u>'</u>		6.2 NAME			•			
STREET ANDRESS	1		■ 0.3 5 I KE	ET ADDRESS					

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNING OFFICER OR DIRECTOR

STREET ADDRESS