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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthame

Secretary of State
VISION OF CORPORATION

FILED Jun 17 1997 8:00am Secretary of State

	1997	DIVISION OF C	ORPORATIONS	Jocetota	ry or state
1	MENT # P96000 (TISH EMPORIUM (RETAIL),			# 1884(48) 118 (8)(18 B)(18 B)(18 B)(18 B)	
Drivetael Dis-	- Decision	AA-17 A-III			
Principal Place of Business Mailing Address 700 WEST CAMINOL-REAL 700 WEST CAMINOL-REAL			٠		
BOCA PATON F	FL-00400-	BOCA RATON FL 32433			
ISO WORTH AUE 150 WORTH A				3. Date Incorporated or Qualified	3a. Date of Last Report
PALM BEACH FL 33480		PALM BEACH FL 38480		05/06/1996	Sur Date to Cartage Helperit
2. Principal Place of Business		2a. Mailing Address		4. FE! Number 65 - 0686103	Applied For
21 ISO WORTH HUE Suite, Apt. #, etc.		26 156 WORTH 402 Suite, Apt. #, etc.		65 - 0698103	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State City & State Black	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees
7in	Country	Zip	Country	8. This corporation has liability for i	
24 334	9. Name and Address of Current		30 USA		Yes No
200 [RADER, ROBERT G EAST BROWARD BLVD. .AUDERDALE FL 33301		83 Street Addr 1054	ELINDA ABRAMS ess (P.O. Box Number is Not Acceptable) 12 WHEELHOWSE CIRC	LE Zin Codo
			<i>'' B</i> ≪		FL 33428
office or r	regi stered agent, or both, in the State	of Florida. Such chance was al	ilhorized by the corporat	poration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	am familiar with, and accept the obliga	itions of, Section 607,0505, Flor	ida Statutes.		06/9/97
12.	Signature, typed or printed name of registered ager		Registered Agent signature requir	ed wher reinstating) ADDITIONS/CHANGES TO OFFIC	UATE
TITLE	PLESIDENT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	STEUGO ABRANS	_	1.2 NAME		
STREET ADDRESS	10592 WHEKEN CHE	CIRCLE	1.3 STREFT ADDRESS		5
CITY-ST-ZIP		3428	1.4 CITY - ST - ZIP		
TITLE	CHIEF BLECUTIVE OFFIC	DELETE	2 1 1 II LE		Change Addition
NAME	BELINDA ABRANS	CORPLE	2.2 NAME		1
STREET ADDRESS	ART DATE	39428	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BYCE KAPPA FC	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		j
STREET ADDRESS		i	4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 GITY-S1-7IP 5.1 TITLE		Change Addition
NAME		مديده ليبي	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		:
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63STREET ADDRESS		
CITY-ST-ZIP	av cortify that the information evanded	with this filing does not qualify	64 CHY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes	Lighter corling that the
informatio	on indicated on this annual report or su	i wich this ning goes not quality applemental annual report is tru	nor the exemption stated is and accurate and that	i in Section 119.07(3)(1), Florida Statutes Thy signature shall have the same legal	effect as if made under eath; that

4. 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, or on an attachment with an address.

SIGNATURE:

Should HISTORD MAR

4/3/07

561-835-2054