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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

VENTERS, JAY 1341 NW 4TH CT.

BOCA RATON FL 33432

Suite, Apt. #, etc.

City & State

Zip

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FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047189 (1)

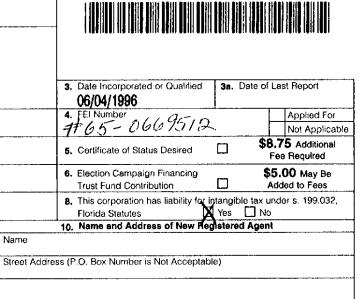
THE VISUAL DESIGN GROUP INC.

Principal Place of Business Mailing Address 1341 NW 4TH CT. 1341 NW 4TH CT. BOCA RATON FL 33432-1408 **BOCA RATON FL \$3432**

Country

9, Name and Address of Current Registered Agent

FILED May 28 1997 8:00am Secretary of State



84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition 1.1 TITLE TITLE **VENTERS, HEIDI** 1.2 NAME NAME 1341 NW 4TH CT. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE Change TITLE 31 THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 4000022037 NAME 6.2 NAME -06/06/97--01013--030 6.3 STREET ADDRESS STREET ADDRESS ***165.00 6.4 CITY - ST - ZIP

Country

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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 t am an officer or director of the corporation or the receiver or trusted 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.