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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000070020 (8)

VISIO	NARY ALLIANCE, INC.				
Principal Pla	ce of Business	Mailing Address		T 10041001 110 10110 DAIN ONN STAN SOM SOM SOM ORK SOME (ISA) SOM (SA)	
1601 HIGHWAY 40 EAST 1601 HIGHWAY 40 EAST					
SUITE E SUITE E SUITE E KINGSLAND GA 31548				DO NOT WRITE IN THIS SPACE	
KINGSLAND	OA 31548	KINGSCAND GA 31348		3. Date Incorporated or Qualified	
				08/19/1996	
2. Principal I	Place of Business	2a, Mailing Address		4. FEI Number Applied For	
21		26		58-2260341 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional		
27				6. Certificate of Status Desired Fee Required	
City & Sta	ite	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zıp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes X No	
<u> </u>	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent	
	/erder, Jeffrey		61 Name		
L	212 NASSAU LAKES CIRCLE			Address (P.O. Box Number is Not Acceptable)	
FI	ERNANDINA BEACH FL 32034				
			83		
			84 City	85 Zip Code	
				FL S Zip Code	
SIGNATURE	Signature typed or printed name of registrated	agent and title it applicable (NO	TE: Registered Agent signature		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	DELETE	1.1 TITLE	Change Addition	
NAME	WERDER, JEFFREY		1.2 NAME		
STREET ADDRESS	212 NASSAU LAKES CIR.	2004	1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 3		1.4 CITY-ST-ZIP	TIO District	
TITLE	"	☐ DELETE	21 TITLE	Change Addition	
NAME	CHINNIS, JOSEPH 12623 CACHET DRIVE		2.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32223		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSUNVILLE PL 32223	DELETE	2. 4 CITY-ST-ZIP	Change Addition	
TITLE NAME	1	FT better	3.1 TITLE 3.2 NAME	Change Agoston	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	
NAME	J	patert	4.2 NAME	Sidney E Hounton	
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	 	DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
SIA125		_	6.2 NAME	_ • -	

SIGNATURE:

STREET ADDRESS

JEPFREY WELDER

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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.

FILED

Mar 24 1998 8:00am

Secretary of State