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

DOCUMENT # P96000083741

1. Corporation Name

VISION MARKETING INTERNATIONAL, INC.

Principal Place of Business	Mailing Address	
306 S. BLVD. TAMPA FL 33606-2151	306 S. BLVD. Tampa FL 33606-2151	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90110 026 ***150.00



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Principal Place	of Business	Mailing Address					IIC BOILL EDIAL I		
306 S. BLVD. 306 S. BLVD. TAMPA FL 33606-2151 TAMPA FL 33606-2151			DO NOT WRIT	re in THIS	SPACE				
						3. Date Incorporated or Qualifed			
						10/10/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	·	26				59-3406405			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee	5 Additional Required
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip		intry		8. This corporation owes the curre	ent year Inta		
24	25	29	30	·		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		04	A1	10. Name and Address of New R	tegistered /	Agent	
MINIO	ED DEBDA C			81	Name				
KINSER, DEBRA S 306 S BLVD			82	Street Address	ss (P.O. Box Number is Not Accepta	ible)			
TAM	PA FL 33606			83			····		
				84	City		FL	85 Z	ip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change Was	s autnorized	ז עם נ	ne corporation	ation submits this statement for the 's board of directors. I hereby accept	nurnose of	changing ntment as	its registered registered
agent. Fai SIGNATURE	m tamailar with, and accept the obligat	30113 01, 36011011 007.0303, 1	TOTICE CLEA	u103.					
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NC	OTE: Registered	d Agent	signature required v		DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLÉ	Р	☐ DELETE	1.1 TI	TLE				Chang	ge Addition
NAME	Kinser, Debra		1.2 N	AME					
STREET ADDRESS	306 SOUTH BOULEVARD		1.3 S1	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			TY-\$7	-ZIP [☐ Chang	ge Addition
TITLE	ST	☐ DELETE	2.1 TI		ļ				geAddicon }
NAME	KINSER, DAVID A		2.2 N			•			
STREET ADDRESS	306 SOUTH BOULEVARD				ADDRESS				ţ
CITY-ST-ZIP	TAMPA FL	F3 per ETE	_	TY-ST	r-zip			☐ Chang	ge Addition
TITLE -		DELETE	3.1 TI					المالات ال	
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		· DELETE	3.4. C	ATY-ST	!- ZIP	-144		Chan	ge (Addition
TILE		□ nére je	1						
NAME			4, 2 N		400000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 C	ny-st	-ZIP			☐ Chan	ge Addition
TITLE			5.1 N			-	_		" —
NAME					ADDRESS				1
STREET ADDRESS				ITY-ST					
CITY-ST-ZIP: TO	<u> </u>	DELETE ☐ DELETE		•		A CONTRACTOR OF THE CONTRACTOR		Chan	ge Addition
TITLE			6.2 N						· –
NAME					ADDRESS			i.	
STREET ADDRESS				ITY-ST					
CITY-ST-ZIP	l		0.40		- ur				

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 or on an attachment with an address, with all other like empowered.

SIGNATURE: