

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

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000085616 (6)**  
 1. Corporation Name  
**VISIONWEB SITE DESIGN, INC.**



Principal Place of Business <b>256 ALTAMONTE BAY CLUB CIR. #105 ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>10151 UNIVERSITY BLVD. STE. 314 ORLANDO FL 32817-1904 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1211 CULVER ROAD</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>ORLANDO, FLORIDA</b>	City & State 28
Zip 24 <b>32825</b>	Country 25 <b>U.S.A.</b>
	Country 30

3. Date Incorporated or Qualified <b>10/14/1996</b>	
4. FEI Number <b>59-3409173</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NANUS, FRED  
4819 SHORELINE CIRCLE  
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>MILBY, ROBERT V JR.</b>	
STREET ADDRESS	<b>256 ALTAMONTE BAY CLUB CIR., #105</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>NANUS, MICHAEL D</b>	
STREET ADDRESS	<b>4200 NEWTON HALL DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, DAVID A</b>	
STREET ADDRESS	<b>805 RAVENS CIR., #203</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JASUKOWICZ, ALEX</b>	
STREET ADDRESS	<b>541 ONE CENTER BLVD., #303</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEIST, GREGORY</b>	
STREET ADDRESS	<b>120 S. JULIA AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MILBY, ROBERT V JR.</b>	
1.3 STREET ADDRESS	<b>1211 CULVER ROAD</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32825</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MARTINEZ, DAVID A.</b>	
3.3 STREET ADDRESS	<b>1211 CULVER ROAD</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32825</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JASUKOWICZ</b>	
4.3 STREET ADDRESS	<b>435 SOUTH NORTH LAKE BLVD. APT. 2064</b>	
4.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32701</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, or on an attachment with an address.

SIGNATURE *Michael D Nanus* 4/27/98 (607) 767-7445

CR2E034 (10/97)