


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90113 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000009598 1. Corporation Name VISUAL GRATUITY PRODUCTIONS, CORP.			
Principal Place of Business P.O. BOX 690 356 ORLANDO FL 32869-0356		Mailing Address P.O. BOX 690 356 ORLANDO FL 32869-0356	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4630 S. Kirkman Rd Suite, Apt. #, etc. 22 #202 City & State 23 Orlando FL Zip 24 32811-2802 Country USA		2a. Mailing Address 26 4630 S. Kirkman Rd. Suite, Apt. #, etc. 27 #202 City & State 28 Orlando FL Zip 29 32811-2802 Country USA	
3. Date Incorporated or Qualified 01/27/1997		4. FEI Number 59-3415879	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SWUZ, D 620 LAKE BISCAVNE ORLANDO FL 32824		10. Name and Address of New Registered Agent 81 Name Robert A. Selvaggi 82 Street Address (P.O. Box Number is Not Acceptable) 6124 Westgate Dr #203 83 84 City Orlando FL 85 Zip Code 32835	
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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 5/17/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME SELVAGGI, ROBERT STREET ADDRESS 2035 SOUTH KIRKMAN ROAD, #115 CITY-ST-ZIP ORLANDO FL 32811	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Selvaggi, Robert A. 1.3 STREET ADDRESS 6124 Westgate Dr #203 1.4 CITY-ST-ZIP Orlando FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SWUZ, DAVE STREET ADDRESS 620 LAKE BISCAVNE CITY-ST-ZIP ORLANDO FL 32824	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature] **Robert A. Selvaggi** 4/14/99 407 292 1951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)