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 # P97000019614 (1)

SUN VISION SOFTWARE CORP.

FILED
May 21 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 1378 WESTCHESTER DAIVE WEST WEST PALM BEACH FL 23417 1378 WESTCHESTER DRIVE WEST WEST PAIN DEACH TO 33417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For ionmercial Blvd Not Applicable \$8.75 Additional X 605 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 3308 Browar □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 truitt, gary c nber is Not Acceptable) 1378 WESTCHESTER DRIVE WEST 82 WEST PALM BEACH FL 33417 В3 Zip Code 33308 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME TRUITT, GARY C 1.2 NAME 1378 WESTCHESTER DRIVE WEST STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2171716 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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:

Ac Shut

561-4780302