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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Mar 12 1998 8:00am Secretary of State

	1990	ENVISION OF CO	TI CHATIONS		
DOCUN 1. Corporation EZZIE'S	1 (40) IIC	26104 (4)			LE ENLE HON DON'T ENS IDEL
Ovinciani Olean	of Durings	Mail an Address		DEGTADO NO CON DON BUNK DEN BEN BEKA BEKA BEKA BE	
Principal Place of Business Mailing Address					
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					
INCOMMODE	E TE 32303	INCOMENGUE TE SESSO		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				03/24/1997	
2, Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Ī	26		59-3439733	Not Applicable
Suite, Apt. :	#, elc Ctc /	Suite, Apt. #, etc.	C1 1-	5. Certificate of Status Desired	\$8.75 Additional
22 150			pestrect	5. Certificate of Status Desired	Fee Required
City & State	e	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country		Country	This corporation owes or has paid the cu	
24		29 30	<u> </u>		Yes X No
	9, Name and Address of Current Re	gistered Agent	81 Name	10. Name and Address of New Registered	Agent
GOLUMAN, EVA G					
				Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32303				1-13 GRape Street	
			83		Ì
			84 City	······································	85 Zip Code
				FL	-
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 family will and greet the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	EX X/Mama	K_		3 Maich	70
	Signifure, typed or pair of name of regulated age at no OFFICERS AND DI			required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 42
12.	D OFFICE NO AND 15	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	GOLDMAN, EVA G		1.2 NAME		ya, ananga
1	MOIS B GRAPE STREET	,	1.3 STREET ADDRESS	1501-B Grape Street	Į;
STREET ADDRESS	TALLAHASSEE FL 32303			1501 00.40	1
CITY-ST-ZIP TITLE	n	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	•	Change Addition
1 1	GOLDMAN, LOUIS E III	L) Witch			And pliando Theoreton
NAME	#1015-8 GRAPE STREET		2.2 NAME	1501 -B Grape Street	
STREET ADDRESS			23 STREET ADDRESS	1501 6 simpesizeet	
CITY-ST-ZIP	TALLAHASSEE FL 32303	Theere	2 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE	}	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		Thurt	34, CITY-ST-ZIP		Change Addition
TOTLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		[7] azz. esz	4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME (5.2 NAME		· [
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP		
THILE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		j
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 suppliemental 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: