## 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 # P97000026303 (2)

VISUAL COMMUNICATIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address				Contract to delit specification delite state state and a delite state	
1424 OBERLIN TERRACE 1424 OBERLIN TERRACE					
LAKE MARY FL 32746 LAKE MARY FL 32746			vo		DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified
					03/25/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-3116709 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Section Secti
22 City & State		City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Zip Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30. Yes No
	Name and Address of Curre		1007		10. Name and Address of New Registered Agent
JOHN. I	DEBORAH S	<u></u>	B	Name	
1424 OBERLIN TERRACEMENT				Street	Address (P.O. Box Number is Not Acceptable)
LAKE MARY FL 3274			["	00000	Todiess (1.0. Box Hamber is Hot Acceptable)
			8	3	
			8	City	85 Zip Code
			1	T City	FL   FL   FL   FL   FL   FL   FL   FL
11. Pursuant to the	provisions of the long to 7.05	02 and 607.1508, Florida S	tatutes, the abo	/e-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I am fan	niliar with, and accept the obli	gations of, Section 607.0505	5, Florida Statut	9\$.	poration's bodito or directors, chargoy accept the appointment as registered
SIGNATURE					
				ent signature	required when reinstating) DATE
12.		ND DIRECTORS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRES.   Change Maddition
			1.2 NAMI		ALPRED K. FUHRMANN
, <u>, , , , , , , , , , , , , , , , , , </u>	borah E. Jo 24 Oberlin	5 T		T ADDRESS	540 E. GEDRGE AVE
CITY-ST-ZIP	ake hary PC	2 27/16	1.4 CITY		
TITLE	ma rary . c	DELETE			MAITLAND FL, 32751
NAME	·		2.2 NAME	- 1	PANDS Me HON
STREET ADDRESS				T ADDRESS	122 TAIL OLLE TOISULE
CITY+SI-ZIP			2.4 CITY	-ST-ZIP	V.P. Change Addition RAND & Mc HON 622 TAIL OLLE JOIGUE TONGWOOD FL 32750
TITLE		☐ DELETE			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	t address	
CITY-ST-ZIP			3.4. CITY	ST - ZiP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAM	E	
STREET ADDRESS			4.3 STRE	TADORESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			5.2 NAME	- 1	,
STREET ADDRESS			5.3 STRE	TADDRESS	
CITY-ST-ZIP			5.4 CITY	\$7-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 trusted 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 or an attachytist with an address.

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

4-28-98

Addition

**FILED** 

May 12 1998 8:00am

Secretary of State

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