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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031062

1. Corporation Name
New Vision Equity Partners, Inc.

Principal Place of Business
16 Glendale
Clearwater Beach, FL33767

Mailing Address
16 Glendale
Clearwater Beach, FL 33767

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 16 Glendale
Suite, Apt. #, etc.
22
City & State
23 Clearwater Beach, FL
Zip 24 33767 Country 25 USA

2a. Mailing Address
26 16 Glendale
Suite, Apt. #, etc.
27
City & State
28 Clearwater, FL
Zip 29 33767 Country 30 USA

3. Date Incorporated or Qualified: April 7, 1997

4. FEI Number — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
Franklyn J. Wollett, P.A.
2790 Sunset Point Rd.
Clearwater, FL 33759

10. Name and Address of New Registered Agent
81 Name: James R. Stearns, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1370 Pinehurst Rd.
83
84 City: Dunedin FL 85 Zip Code: 34698

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	[ ] DELETE	1.1 TITLE	President	[X] Change [ ] Addition
NAME	Scott Ogilbie		1.2 NAME	Scott Ogilvie	
STREET ADDRESS	16 Glendale, Clearwater Beach, FL		1.3 STREET ADDRESS	16 Glendale	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Clearwater Beach, FL 33767	
TITLE	Secretary	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	Thomas J. Peters		2.2 NAME		
STREET ADDRESS	946 Woodland Drive		2.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Harbor, FL 34683		2.4 CITY-ST-ZIP		
TITLE	Treasurer	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	David Wilcox		3.2 NAME		
STREET ADDRESS	2517 Northfield Land		3.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE	500002499415	[ ] Change [ ] Addition
NAME			4.2 NAME	-04/24/98--01035--020	
STREET ADDRESS			4.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	4/24	
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: [signature] Tres 4/17/98 813-725-1198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #