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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000038235 (2)

NU VISION DESIGNS & CONSTRUCTION, INC.

FILED May 11 1998 8:00am Secretary of State



Original Diseas of Dusiness		Moiling Address			-{	18184 (NIB) (BILL NAB)	D HANDE BEAN HOOD
Principal Place of Business		Mailing Address					
4949-16 SUNBEAM RD JACKSONVILLE FL 32257		4949-16 SUNBEAM RD JACKSONVILLE FL 322					
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified 04/28/1997		
2. Principal Place of Business 21 4949. 3 Sun	beom Rd	26 4949.3	sunbean R	<u>d.</u>	59-3445269		Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Additional Required
City & State 23 Jackson v. 11	e FL	City & State 28 Jackson	ville. FL		Election Campaign Financing Trust Fund Contribution	_	O May Be d to Fees
	Dountry IASA	⁷ φ 29 3225η	Country 30	1	This corporation owes or has paid the Personal Property Tax due June 30.		Intangible
	Address of Current I	1	1		10. Name and Address of New Regist		
PANTARAS, DEMI 4949-16 SUNBEA JACKSONVILLE F	M RD		81 Nam 82 Stre 83 84 City	LCA HQUI		bad	p Code
11. Pursuant to the provisions of office or registeled agent, agent. I am familiar with, ar SIGNATURE	1) Christia	\sim 1	utes, the above-names authorized by the colorida Statutes. Phospherical Colorida Statutes authorized Agent signed	corporation of the second of t	ocks onville pration submits this statement for the purp on's board of directors. I hereby accept the	ose of changing ne appointment a	its registered as registered
12.	OFFICERS AND		13.	no o regoraç	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE		☐ DELETE	1.1 TITLE	Po	esident	Change	
NAME			1.2 NAME		emosthene Pontaras		
STREET ADDRESS			1.3 STREET ADDRES	ss uc	149.3 Sunbeam Road		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		acksonville Florida	<u> </u>	
TITLE		DELETÉ	2.1 TITLE	"	•	Change	e 📙 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRES	ss		-	
CITY-ST-ZIP		Deter	2. 4 CITY - ST - ZIP			Chang	. I tadition
TITLE		[] DELETE	3.1 3/TLE			Change	e L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRES	»			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	e
NAME			4.2 NAME	1			
STREET ADDRESS			4.3 STREET ADDRES	cc			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	°°			
TITLE		DELETÉ	5.1 TITLE			Change	e
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREET ADDRES	ss			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETÉ	6.1 TITLE			Change	e 🔲 Addition
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREET ADDRES	ss			
CITY-ST-ZIP			6.4 CITY - ST - ZIP	1			
14. I hereby certify that the info indicated on this arrival re- officer or director of the cor Block 12 or Block 13 4 cha	oort or supplemental a Noration or the receivinged, or on an artach	minual report is true and ac or or trustee empowered to	for the exemption st courate and that my be execute this report	tated in S signature t as requi	Section 119.07(3)(i), Florida Statules. I furt e shall have the same legal effect as if ma red by Chapter 607, Florida Statutes; and	her certify that the de under oath; if that my name a (90)	that I am an appears in