4-27-98 B-5672-C

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

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Apr 27 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 # **P97000043061 (5)**

1. Corporation Name
5 STAR VISION, INC.

Principal Place of Business	Mailing Address
13664 SHIPWATCH DRIVE JACKSONVILLE FL 32225	13664 SHIPWATCH DRIVE JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1997

2. Principal Place of Business	2a. Mailing Address
21 9398 A. Arlington Expwy	26 9398 A. Arlington Expwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.
Zip 24 32225 Country 25 U.S.	Zip 29 32225 Country 30 U.S.

4. FEI Number: 59-3447138 ☐ 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	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, C DAVID		1.2 NAME		
STREET ADDRESS	13664 SHIPWATCH DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOISETTE, ANDRE		2.2 NAME		
STREET ADDRESS	13664 SHIPWATCH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIGUEROA, WILLIAM J		3.2 NAME		
STREET ADDRESS	13664 SHIPWATCH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANNING, DANIEL E		4.2 NAME		
STREET ADDRESS	13664 SHIPWATCH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		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		
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: C. David Mills 4/20/98 (904)721-4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036360