

4-27-98 B-5672-C

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000043061 (5)**

1. Corporation Name
5 STAR VISION, INC.

Principal Place of Business
**13664 SHIPWATCH DRIVE
JACKSONVILLE FL 32225**

Mailing Address
**13664 SHIPWATCH DRIVE
JACKSONVILLE FL 32225**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9398 A. Arlington Expy		2a. Mailing Address 26 9398 A. Arlington Expy		3. Date Incorporated or Qualified 05/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3447138	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23 JACKSONVILLE, FL		City & State 28 JACKSONVILLE, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24 32225		Country 25 U.S.		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30, ☒ Yes ☐ No	
8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent			

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 typed or printed name of registered agent and title if applicable

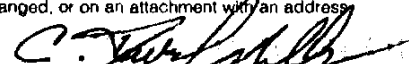
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PD 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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VTO 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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VD 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VSD 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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98

Date: (904) 722-4219
Daytime Phone # 0036360

CR2E034 (10/97)