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 # P97000058704 (2)

VISION LAND OF MERRITT ISLAND, INC.

FILED May 05 1998 8:00am Secretary of State



5 .411.51						
Principal Place of Business Mailing Address						
4824 SWEET GUM PLACE 4824 SWEET GUM PLACE MELBOURNE FL 32904 MELBOURNE FL 32904						
WPPOANILLE	TE WEINT	MELDOUNNE FL	UL GUT			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/02/1997
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				55-3455 280 Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State	<u> </u>	City & State				Fee Required
23	·	28				B. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country			ountry		This corporation owes or has paid the current year Intangible
24	25	29	[-	30		Personal Property Tax due June 30.
	9, Name and Address of Curre		1001	Τ		10. Name and Address of New Registered Agent
M	ARCIN, JOHN J			81	Name	
	24 SWEET GUM PLACE			82	Street Art	kdress (P.O. Box Number is Not Acceptable)
ME	ELBOURNE FL 32904		or Street A		Di GOI MOI	tricas (1 box Harriber is Hot Acceptable)
				83		
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. Florida	Statutes, the a	above-	named co	
office or re	egi ster ed agent, or both, in the Stat m fam iliar with, an <u>d accept t</u> he obli	e of Florida, Such change nations of Section 607.04	e was authorize 505. Elorida Sta	ed by t	the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	()-,) h-		-		u/ u/an
SIGNATURE	Signature, typed or printed name of regestered as	gent acritice l'applicable	(NOTE Register	red Agent	l s gnalure req	guircd when reinstaling) UATE
12.	OF FIGERS AF	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE	TE 1.1 1	TITLE		☐ Change ☐ Addition
NAME	MARCIN, JOHN J		1.2 (NAME		
STREET ADDRESS	4824 SWEET GUM PLACE		1,3 5	STREET AL	DDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904			CITY-ST-	ZIP	
TITLE		☐ DELE	TE 2.11	TITLE		☐ Change ☐ Addition
NAME			2.21	NAME		
STREET ADDRESS			2.3 9	STREET AL	DORESS	
CITY-ST-ZIP				CITY-ST-	- ZIP	
TITLE		☐ DELE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET AC	i	
CITY-ST-ZIP		DELE		CITY-ST-	- ZIP	Change III Addition
NAME		ריו הנדנ		TITLE		☐ Change ☐ Addition
· · · · · · · ·				NAME	DODECC	
STREET ADDRESS				STREET AC		
CITY-ST-ZIP TITLE		DELE		<u>CITY-ST-</u> TITLE	ZIP	Change Addition
NAME		F. 0000		NAME	1	E grande Dyoquan
STREET ADDRESS				STREET AD	DDBESS	
CITY-ST-ZIP					1	
TITLE		DELE		CITY-ST THLE	£1F	Change Addition
NAME				NAME		
STREET ADDRESS				STREET AC	DDRESS	
CITY-ST-ZIP	N			DITY-ST-		
14. I hereby c	ertify that the information supplied i	with this filling does not a	Jalify for the ex	xemptic	on stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or of the control of the contr	on this annual report or supplement	tal annual report is true a ceiver or trustee empowe	nd accurate ar red to execute	nd that	my signat	ture shall have the same legal effect as if made under oath, that I am an equired by Chapter 607, Florida Statutes; and that my name appears in