| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999  |   |   | DLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).         FLORIDA DEPARTMENT OF STATE         Katherine Harris         Secretary of State         DIVISION OF CORPORATIONS   |                                       | FILED<br>Sep 15, 1999 8:00 am<br>Secretary of State<br>09-15-1999 90001 049 ***550.00 |   |
|---|---|---|--|---------------------------------------|---|---|
| OCUN  | MENT # P9   | 7000063                                       | 8270   | $\backslash$                          |   |   |
| VISION  | Trends, Inc.  |   |  | v                                     |   | RI ANIN MUN NYAN ANNA AND AND AND AND AND AND AND AND |
|   |   | A.A 741                                       | ,  | ·                                     |   |   |
| Incipal Place of Business     Mailing Address       ! S FEDERAL HWY     792 S FEDERAL HWY       RO BEACH FL 32962     VERO BEACH FL 32962 |   |   |  |                                       | E IN THIS SPACE   |   |
|   |   |   |  |                                       | 3. Date Incorporated or Qualified 07/22/1997  |   |
| Principal Place of Business 2a. Mailing /   |   |   | ailing Address   |                                       | 4. FEI Number<br>37-4683893   | Applied For   |
| Suite, Apt. #, etc.   |   |   | uite, Apt. #, etc.   |                                       | - 5. Certificate of Status Desired  | Not Applicable  |
| City & State  |   | 27<br>C                                       | City & State   |                                       | 6. Election Campaign Financing  | Fee Required  |
| Zip   | Country   | 28  | <br>ip   | Country                               | Trust Fund Contribution 8. This corporation owes the curre                            | Added to Fees   |
| zip   | 25  | 29  |  | 30                                    | Intangible Personal Property.   | Yes No  |
|   | 9. Name and Address                                       | of Current Register                           | red Agent  | 81 Name                               | 10. Name and Address of New Re  | egistered Agent                                       |
|   | ih, kris e  |   |  |                                       |   |   |
|   | S FEDERAL HWY   |   |  | 82 Street Add                         | ress (P.O. Box Number is Not Acceptab   | Ne)   |
| VER   | 0 BEACH FL 32962  |   |  | 83                                    |   |   |
|   |   |   |  | 84 City                               |   | 85 Zip Code   |
|   |   | 007 0500 1 007                                | 4500 El  | he above newsed as me                 | pration submits this statement for the pur  |   |
| office or r<br>agent. I a   | egistered agent, or both, i<br>m familiar with, and accep | n the State of Florida.                       | . Such change was  | authorized by the corporat            | ion's board of directors. I hereby accept   | the appointment as registered                         |
| NATURE _  | Signature, typed or printed name of                       |   | Name of Concession, Name o | OTE: Registered Agent signature rec   |   |   |
|   | OFF<br>DP   | ICERS AND DIRECT                              | <u> </u>   | 13.                                   | ADDITIONS/CHANGES TO OFF  |   |
| -   | Smith, Kris e   |   |  | 1.2 NAME                              |   | Change Addition                                       |
| ET ADDRESS  | 116 RIVERWAY DR   |   |  | 1.3 STREET ADDRESS                    |   |   |
| -ST-ZIP   | VERO BEACH FL 32  | 963   |  | 1.4 CITY-ST-ZIP                       |   |   |
| -   |   |   | DELETE   | 2.1 TITLE                             |   | Change Addition                                       |
| E   |   |   |  | 2.2 NAME                              |   | }   |
| ST-ZIP  |   |   |  | 2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |   | ···· ·  |
| :   |   |   | DELETE   | 3.1 TITLE                             |   | Change Addition                                       |
| ٤   |   |   |  | 3.2 NAME                              |   |   |
| ET ADDRESS  |   |   |  | 3.3 STREET ADDRESS                    |   |   |
| ST-ZIP  |   |   |  | 3.4 CITY-ST-ZIP<br>4.1 TITLE          |   | Change Addition                                       |
|   |   |   |  | 4.2 NAME                              |   |   |
| ET ADDRESS  |   |   |  | 4.3 STREET ADDRESS                    |   |   |
| ST-ZIP  |   |   |  | 4.4 CITY-ST-ZIP                       |   |   |
| :   |   |   | DELETE   | 5.1 TITLE                             |   | Change Addition                                       |
| ET ADDRESS  |   |   |  | 5.2 NAME<br>5.3 STREET ADDRESS        |   |   |
| ST-ZIP  |   |   |  | 5.4 CITY-ST-ZIP                       |   |   |
|   |   | <u>,, , , , , , , , , , , , , , , , , , ,</u> |  | 6.1 TITLE                             |   | Change Addition                                       |
| = {   |   |   |  | 6.2 NAME                              |   | -   |
| ET ADDRESS  |   |   |  | 6.3 STREET ADDRESS                    |   |   |
| 1   |   |   |  | 6.4 CITY-ST-ZIP                       |   |   |
| ST-ZIP  | tify that the information su                              | onlied with this filing (                     | tioes not qualify for  |                                       | tion 119.07(3)(i), Florida Statutes. I furth  | er certify that the information                       |

