

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065503

1. Entity Name

FUTURE VISION INSTITUTE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90155 032 ***150.00

Principal Place of Business

Mailing Address

5430 COUNTY ROAD 581
 WESLEY CHAPEL FL 33543

5430 COUNTY ROAD 581
 WESLEY CHAPEL FL 33543-9242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3460647

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, LEE A
 15307 AMBERLY DR., STE. 134
 TAMPA FL 33647

Name

Lee Ann Andronico

Street Address (P.O. Box Number is Not Acceptable)

28734 STORMCLOUD PASS
 Wesley Chapel FL
 FL 33543

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida.

SIGNATURE

Lee Ann Kelley (Lee Ann Andronico)

3-7-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME ANDRONICO, CARMAN C
 STREET ADDRESS 18 W. END AVE.
 CITY-ST-ZIP HAMMONTON NJ 08037

TITLE Change Addition
 NAME
 STREET ADDRESS 618 Peach Street
 CITY-ST-ZIP Hammonton, NJ 08037

TITLE Delete
 NAME PERSINGER, PENNY
 STREET ADDRESS 15455 PLANTATION OAKS DR., UNIT 6
 CITY-ST-ZIP TAMPA FL 33647

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME KELLEY, LEE ANN
 STREET ADDRESS 17112 CARRINGTON PARK DR #905
 CITY-ST-ZIP TAMPA FL 33647

TITLE Change Addition
 NAME Lee Ann Andronico
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lee Ann Andronico
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00
 Date

813 973-4044
 Daytime Phone #

CR2E034 (9/99)