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

FILED
May 15 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 # P97000077814 (6)

1. Corporation Name
MED-VISION CORPORATION

Principal Place of Business
6500 WINEGARD RD., SUITE 203
ORLANDO FL 32809

Mailing Address
6500 WINEGARD RD., SUITE 203
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1997

2. Principal Place of Business
21 3936 S.Semoran Blvd
Suite, Apt. #, etc.
22 Ste. 472
City & State
23 Orlando, Florida
Zip 24 32822 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-3485758
☐ 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
CABALLER, MILDRED M
6500 WINEGARD RD., SUITE 203
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name David H. Caballer
82 Street Address (P.O. Box Number is Not Acceptable) 3936 S. Semoran Blvd., Ste. 472
83
84 City Orlando FL 85 Zip Code 32822

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 DAVID H. CABALLER 4/29/98
Signature (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CABALLER, MILDRED M	
STREET ADDRESS	6500 WINEGARD RD., SUITE 203	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ DELETE
NAME	CABALLER, DAVID H	
STREET ADDRESS	6500 WINEGARD RD., SUITE 203	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ DELETE
NAME	IRIZARRY, ILLUMINADA	
STREET ADDRESS	6500 WINEGARD RD., SUITE 203	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☒ DELETE
NAME	EVANS, DAROL F	
STREET ADDRESS	6500 WINEGARD RD., SUITE 203	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☒ DELETE
NAME	CULP, DARRELL W	
STREET ADDRESS	6500 WINEGARD RD., SUITE 203	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3936 S. Semoran Blvd., Ste.472	
1.4 CITY-ST-ZIP	Orlando, Florida 32822	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	"	"
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	"	"
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: 4/29/98

CR2E034 (10/97)