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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085702 (3)

THE VISION PRINCIPLE, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
	PT. CIRCLE NORTH	4852 PEREGRII SARASOTA FL	INE PT. CIRCLE NORTH				
SARASOTA FL 3	4231	SAHASUIA FL	34231			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
		. La martina de la compa			· · · · · · · · · · · · · · · · · · ·	10/02/1997	
2. Principal Placi 21	e of Business	2a. Mailing Add	ress			4. FEI Number Applied For Not Applicable	
Suite, Apt. #, e	elc	Suite, Apt #	t, etc			5. Certificate of Status Desired See Required	
City & State		Gily & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Ziţi	Country	Zip	Cc	ountry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered Agent	
	(, JAMES A.W.	A.T		["			
	PEREGRINE PT. CIRCLE N SOTA FL 34231	ORTH		82	Street A	Address (P.O. Box Number is Not Acceptable)	
SAINA	301A FL 34231			83			
				84	City	■ 85 Zip Code	
				1		FL Corporation submits this statement for the purpose of changing its registered	
12. Title NAME		aged as Discreption (app.), also AND DIRECTORS	13 DELETE 11 12	L TITLE NAME		DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DICHANGE A.W. COUIC 4852 PERESKINE Pt. CIX. N. 5ARASOTA, Fl. 34231	
STREET ADDRESS					ADDRESS	54456 TA EL 34221	
TOLE		··· ··· ··- · · · · · · · · · · ·		CHY-S THE	1-20	Change Addition	
NAME				NAME			
STREET ADDRESS			23	STREET	ADDRESS		
CITY - ST ZIP				CITY	S1 - Z(P		
THILE (۱ [.]		TITLE		[_] Change	
NAME				NAME CTOST	ADDRESS		
STREET ADDRESS				CITY-5	ADDRESS St. ZIP		
CHY-S1-ZIF				TITLE	21-4"	Change Addition	
NAME		 , -		NAME		_	
STREET ADDRESS					ADDRESS		
CITY ST ZIP			44	CITY S	1 - ZIP		
THLE				TILLE		Change Addition	
NAME			52	NAME			
STREET ADDRESS			53	STREET	ADDRESS		
CHY-ST ZIP				CHY-S	I - ZIP		
TITLE		[] t	ELETE 61	TITLE		Change Addition	
NAMÉ			6.2	NAME			
STREET ADDRESS					ADDRESS		
CITY - ST ZIP			64	City S	IT-ZIP		

14. Thereby 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 supplimental 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 chapted or on an altachment with an address.

SIGNATURE:

A. V. Cocic.

941–925–9446

Piecs.

VIII-925–9446