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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099848

1. Corporation Name

VISION PROGRAMS, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90169 034 ***150.00



Principal Place of Business Mailing Address 4051 N.E. 26TH AVENUE 4051 N.F. 26TH AVENUE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/24/1997 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-6248582 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc. 5. Certifc ite of Status Desired Fee Recuired 27 22 City & State Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country Zip This corporation owes the current year intangible Zip Cour try |]No Persor al Property Tax 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MENDELSOHN, EDITH C Street Ac dress (P.O. Box Number is Not Acceptable) 82 4051 N.E. 26TH AVENUE LIGHTHOUSE POINT FL 33064 83 85 Zip Code 84 City 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 (NOT E: Registered Agent signature required when reinstating) Signature, typed or printed na ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE TITLE 11 TM F MENDELSOHN, EDITH C 1.2 NAME NAME 4051 N.E. 26TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE MENDELSHN, DAVID J 2.2 NAME NAME 117 STANTON STREET #6 2.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10002 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE 3S 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIE CITY-ST-ZIP

indicated on this annual report or 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address, with all other like empowered. 14. I hereby certify that the informal on supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

CR2E034 (11/98)