

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 025 ***158.75

DOCUMENT # P97000105842

1. Corporation Name
VISIONPLUS GIVING INC.



Principal Place of Business
3600 NW 43RD. STREET
SUITE D-4
GAINESVILLE FL 32606

Mailing Address
3600 NW 43RD. STREET
SUITE D-4
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3497046	
24 Country		30 Country		Applied For	
				Not Applicable.	
				5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				8. Yes	
				X No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EASTON, LARRY JR.
3600 NW 43RD. STREET
SUITE D-4
GAINESVILLE FL 32606

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite A-2
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	X Change
NAME	EASTON, LARRY JR.	1.2 NAME	
STREET ADDRESS	3600 NW 43RD. STREET, SUITE D-4	1.3 STREET ADDRESS	Ste. A-2
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	EVPS	2.1 TITLE	X Change
NAME	WAGNER, JAMES L	2.2 NAME	
STREET ADDRESS	3600 NW 43RD ST, STE D-4	2.3 STREET ADDRESS	Ste. A-2
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	X Change
NAME	ARMSTRONG, BEN D	3.2 NAME	
STREET ADDRESS	3600 NW 43RD ST STE D-4	3.3 STREET ADDRESS	Ste. A-2
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	X Change
NAME	CARROLL, JULIAN H	4.2 NAME	Carroll, Julian M.
STREET ADDRESS	3600 NW 43RD ST, STE D-4	4.3 STREET ADDRESS	Ste. A-2
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	X Change
NAME		5.2 NAME	D Wagner, Mark S.
STREET ADDRESS		5.3 STREET ADDRESS	3600 NW 43rd St, Ste. A-2
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED
Signature and typed or printed name of signing officer or director

Larry Easton, Jr. 4/15/99 (352)380-0055

Date

Daytime Phone #

CR2E034 (1/1/98)

0062351