FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 17, 2002 8:00 am Secretary of State

	CUMENT # P97000 Name VION PARK CORF		/		05-17-2002 90044 015 ***158.7	
	DO NOT WRITE	IN THIS S	PACE			
2. Princip. 263 Suite, A	al Place of Business I N.W. 13th Street	3. Mailing Address 2631 N.W. Suite, Apt. #, etc.	13th Str	net .	Do Horana	
City & S	resville, Florida	70 Fantast City & State Gaines ville	,, , , , , , , , , , , , , , , , , , ,	da	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applical	
30	2609 USA	^{2ip} 32609		SA	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent	
	DO NOT WE	ACE	City	Address (P. Su	rilyn J. Hochman Co. Box Yumber is Not Acceptable); RO Ala faya Tra; Site 101	
SIGNATURE 9. This corp Tax filing	signature, typed or primed name of registered agent and portation is eligible to satisfy its Intangible requirement and elects to do so.	ule i applicable. (NOTE January 1 - Ma After May	Registered Agent sign 1y 1 Fac is \$15 1, Fac is \$550.0 URR is \$61.25	ature required wh 50.00	d agent, or both, in the State of Florida. hen renstating) DATE 10. Election Campaign Financing \$5.00 May Bo	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	officers and DIE D, P Sharon J. Burgess-La 2622 Maywood Street Eustis, Florida 327	ECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nt or State	Note to Fee	1 1 1 2 2 2 2 2 2
NAME STREET ADDRESS CITY-ST-ZIP TITLE	, and the second		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		• • • •	NAME STREET ADDRESS CITY-ST-ZIP	- Table 1	DO NOT-WRITE	
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST. 7/P			

13. I hereby certify that the information 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 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 attachment with an address, with all other like empowered.

SIGNATURE: 2

Sharon J. Burgess-Lavenller