## 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

## DOCUMENT # P9800002391

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90070 026 \*\*\*150.00

1. Corporation Name VISION DISTRIBUTORS INC.  Principal Place of Business	Mailing Address							
847 NW 119 ST. 847 NW 119 ST. MIAMI FL 33168				DO NOT WRIT	F IN THIS :	SPACE		
					3. Date Incorporated or Qualifed 01/09/1998			
Principal Place of Business     2a. Mailing Address     26					4. FEI Number 65 - 05 443 81			optied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Fee Re	
City & State	City & State				Election Campaign Financing     Trust Fund Contribution	- 11		
Zip         Country           24         25	Zip	Coul	ntry		This corporation owes the curre Personal Property Tax.		☐ Yes	□No
9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New R	egistered A	\gent	
BRYANT, BERNARD H 847 NW 119 ST. MIAMI FL 33168			82 83	Street Addre	ss (P.O. Box Number is Not Acceptal	ble)		
			84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607 5092 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND TITLE  PTSD  BRYANT, BERNARD H  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33168  TITLE  NAME	and little if applicable (NOTE:	Registered 13. 1.1 TIT	Agen	ADDRESS		DATE		
BRYANT & ASSOCIATE	2 D A	2.3 ST	REET	ADDRESS			Change	Addition
PH. 305-685-5918 847 N.W. 119TH ST., STE. 205 MIAMI, FL. 33168  Order of Depart Of	State	<u>4-1</u>	<del>]</del> -		4257 63-27/631 981		☐ Change	Addition
Hundred fit NationsBank NationsBank, N.A.	ty	<u> </u>		Dollar	_		Change	Addition
For P98 00000 2391	B 48 53 5 1 4 2	57	<b>-</b>		MP:		Change	Addition

ida 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 of 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 AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR