

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  
Jul 29, 1999 8:00 am  
Secretary of State

07-29-1999 90001 047 \*\*\*550.00

DOCUMENT # *P 98000013624*

1. Corporation Name

*IN-VISION MARKETING CONSULTANTS, INC.*



Principal Place of Business

Mailing Address

*6031 NW 61<sup>ST</sup> St.  
PARKLAND, FL 33067*

*6031 NW 61<sup>ST</sup> St.  
PARKLAND, FL 33067*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated, or Qualified

*2/11/98*

2. Principal Place of Business

2a. Mailing Address

*6031 NW 61<sup>ST</sup> St.*

*6031 NW 61<sup>ST</sup> St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

*PARKLAND FL*

*PARKLAND, FL*

Zip Country

Zip Country

*33067 U.S.*

*33067 U.S.*

4. FEI Number

*65-081509*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*KENNETH M. MANFREDI, JR.  
6031 NW 61<sup>ST</sup> St.  
PARKLAND, FL 33067*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

*3735 TURTLE RUN BLVD.*

83

*APT 1914*

84 City

*CORAL SPRINGS*

FL

85 Zip Code

*33067*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7-20-99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *VICE PRESIDENT* ☐ DELETE  
NAME *KENNETH M. MANFREDI, SR.*  
STREET ADDRESS *6031 NW 61<sup>ST</sup> St.*  
CITY-ST-ZIP *PARKLAND, FL 33067*

1.1 TITLE *SECR. + TREASURER* ☒ Change ☐ Addition  
1.2 NAME *KENNETH M. MANFREDI, SR.*  
1.3 STREET ADDRESS *6031 NW 61<sup>ST</sup> St.*  
1.4 CITY-ST-ZIP *PARKLAND, FL 33067*

TITLE *PRESIDENT* ☐ DELETE  
NAME *KENNETH M. MANFREDI, JR.*  
STREET ADDRESS *6031 NW 61<sup>ST</sup> St.*  
CITY-ST-ZIP *PARKLAND, FL 33067*

2.1 TITLE *PRESIDENT* ☒ Change ☐ Addition  
2.2 NAME *KENNETH M. MANFREDI, JR.*  
2.3 STREET ADDRESS *3735 TURTLE RUN BLVD. - APT 1914*  
2.4 CITY-ST-ZIP *CORAL SPRINGS 33067*

TITLE *SECR. + TREASURER* ☒ DELETE  
NAME *KATHY MANFREDI*  
STREET ADDRESS *6031 NW 61<sup>ST</sup> St.*  
CITY-ST-ZIP *PARKLAND, FL 33067*

3.1 TITLE *VICE PRESIDENT* ☐ Change ☒ Addition  
3.2 NAME *JOSEPH J. TITANE*  
3.3 STREET ADDRESS *6870 ROYAL PALM BLVD. / M-212*  
3.4 CITY-ST-ZIP *MARGATE, FL 33063*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*KENNETH M. MANFREDI, JR.* *7/20/99* *(954) 401-0131*  
Date Daytime Phone #

CR2E034 (11/98)