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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000018840

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90166 043 ***150.00

THE VIS	ION PUBLISHING, CORP.							
Principal Flace	e of Business	Mailing Address			- I INDITIONAL TERE TRIBE TRAFF REVEN ORDER ORDER	80191 58 1 18591 18145	SIBII ABII IBBI	
4882 ROTHSCHILD DR. CORAL SPEINGS FL 33067 4882 ROTHSCHILD DR. CORAL SPEINGS FL 33037			7	·	DO NOT WRITE IN	THIS SPACE		
					 Date Incorporated or Qualified 02/26/1998 			
- 5	leas of Divisions	A Mailing Address			4. FEI Number	Δn	olied For	
2. Principal Pi	ace of Business	2a. Mailing Address			65-0814662	├	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27 Cit. 8 Ct. 12						
City & State		City & State			6. Electic n Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current ye			
24	25	29	30		Personal Property Tax.	Yes	₽No	
	9. Name and Address of Current		11		10. Name and Address of New Registe	ered Agent		
			_	81 Name				
	METT, SHARLENE			82 Street Ad	dress (P.O. Bo): Number is Not Acceptable)		-	
4882 ROTHSCHILD DR.								
CUR	AL SPRINGS FL 33067			83				
				84 City		85 Zip C	ode	
						FL Co	ragistared.	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	∂ and 607.1508, Florida Statu of Florida. Such change was	tes, the a	bove-named co I by the corpora	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of changing its appointment as reg	gistered	K
agent. I a	m familiar with and accept the obligat	ions of, Section 607.0505, FI	orida State	utes.		1/88	199°	
SIGNATUFE		2 C3, MU	YY YYY	Agent signature requ	(red when reinstating) DA	<u> 1 1 1 1 1 1 1 1 1 1</u>		_
12,	Signature, typed of printed na ne of registered agen OFFICERS AN	I) DIRECTORS	13.	Agent aignators requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12	ő
TITLE	D	☐ DELETE	1.1 TF	TLE		☐ Change	Addition	1
NAME	HAMMETT, SHARLENE		1.2 NA	ME				5
STREET ADDRESS	1000 DOTHOUND DD							
CITY-ST-ZIP	CODAL CODINGS EL 00007		1.3 \$1	REET ADDRESS				ן עַ
TITLE	CORAL SPRINGS FL 33067			REET ADDRESS TY-ST-ZIP				200
	CUHAL SPHINGS PL 3300/	☐ DELETE		TY-ST-ZIP		☐ Change	☐ Addition	2000
NAME	COHAL SPHINGS PE 3300/	☐ DELETE	1.4 CI	TY-ST-ZIP		☐ Change	☐ Addition	2000
NAME STREET ADDRESS	COHAL SPHINGS FL 3306/	☐ DELETE	2.1 Tr	TY-ST-ZIP		☐ Change	☐ Addition	שניםט
	CORAL SPRINGS FL 3306/	_	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE AME REET ADDRESS (TY-ST-ZIP				שכםט
STREET ADDRESS CITY-ST-ZIP TITLE	COHAL SPHINGS FL 3306/	☐ DELETE	2.1 Tr 2.2 N/2 2.3 ST 2.4 C 3.1 Tr	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE		☐ Change	☐ Addition	שכםט
STREET ADDRESS CITY-ST-ZIP TITLE NAME	COMAL SPHINGS FL 3306/	_	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA	TY-ST-ZIP FILE MRE REET ADDRESS ITY-ST-ZIP FILE MME				73000
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	COMAL SPHINGS FL 3306/	_	2.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 SI	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS				CDOEC
STREET ADDRE 3S CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP	COMAL SPHINGS FL 3306/	☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 S1 3.4. C	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP		☐ Change		0300
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE	COMAL SPHINGS FL 3300/	_	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4. C	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE			☐ Addition	0000
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	COMAL SPHINGS PL 3300/	☐ DELETE	1.4 CI 2.1 Tr 22 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/ 3.3 ST 3.4 .C 4.1 Tr 4.2 N	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE AME		☐ Change	☐ Addition	03080
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	COMAL SPHINGS PL 3306/	☐ DELETE	1.4 CI 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS		☐ Change	☐ Addition	2560
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	COMAL SPHINGS PL 3306/	☐ DELETE	1.4 CI 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/ 3.3 ST 3.4 C 4.1 Tr 4.2 N 4.3 ST	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP		☐ Change	☐ Addition	0360
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	COMAL SPHINGS FL 3306/	☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 SI 3.4 C 4.1 TI 4.2 NA 4.3 SI 4.4 CI	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE AMME REET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE		☐ Change	Addition	
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE TITLE THE STREET ADDRE SS CITY-ST-ZIP TITLE	COMAL SPHINGS PL 3300/	☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 SI 3.4 C 4.1 TI 4.2 NA 4.3 SI 4.4 CI 5.1 TI 5.2 NA	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE AMME REET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE		☐ Change	Addition	
STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME NAME	COMAL SPHINGS PL 3300/	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TLE AMME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP		☐ Change	Addition Addition	
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STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE	COMAL SPHINGS PL 3300/	☐ DELETE	14 CI 21 TF 22 N/ 23 ST 2. 4 C 3.1 TF 3.2 N/ 33 ST 3.4 C 4.1 TF 4.2 N/ 4.3 ST 4.4 CI 5.1 TF 5.2 N/ 5.3 ST 6.4 CI 6.1 TF 6.2 N/ 6.3 ST 6	TY-ST-ZIP TILE ME REET ADDRESS ITY-ST-ZIP TLE ME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition Addition	2300

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 accirate 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: _