

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

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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90038 046 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000019916

1. Corporation Name  
GO-BER VISION, INC.

Principal Place of Business  
7230 4TH STREET NORTH  
UNIT 342  
SAINT PETERSBURGB FL 33702

Mailing Address  
7230 4TH STREET NORTH  
UNIT 342  
SAINT PETERSBURGB FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

59-3495882

Applied For

Not Applicable

5. Certificate of Status Desired.. ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 12016 LAGOON LN.

2a. Mailing Address

26 12016 LAGOON LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG, FL

City & State

28 ST. PETERSBURG, FL

Zip

24 33706

Country

25 USA

Zip

29 33706

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GEORGE HAYES III  
82 Street Address (P.O. Box Number is Not Acceptable)  
ONE PROGRESS PLAZA  
83 SUITE 1210  
84 City ST. Petersburg FL 85 Zip Code 33701

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

THOMAS A. GRIBBIN, PRESIDENT

4-27-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME GRIBBIN, THOMAS  
STREET ADDRESS 7230 4TH STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURGB FL 33702

TITLE SVD ☒ DELETE  
NAME HUNTER, JON M  
STREET ADDRESS 7230 4TH STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURGB FL 33702

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SVD ☒ Change ☐ Addition  
2.2 NAME JEFFREY L. ROSENBERG  
2.3 STREET ADDRESS 767 THIRD AVE. 38TH FLOOR  
2.4 CITY-ST-ZIP NEW YORK, NEW YORK 10017

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

THOMAS A. GRIBBIN, PRES.

Date

Daytime Phone #

CR2E034 (11/98)