

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  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90002 020 \*\*\*150.00

DOCUMENT # P98000023443

1. Corporation Name

VISION FAMILY MANAGEMENT, INC.

Principal Place of Business  
7418 WESTMORELAND DRIVE  
SARASOTA FL 34243

Mailing Address  
7418 WESTMORELAND DRIVE  
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0823001

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BOWMAN, DAVID G SR  
22 S TUTTLE AVE  
STE 3  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BECKSTEIN, EUGENE H  
STREET ADDRESS 7418 WESTMORELAND DRIVE  
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ DELETE

NAME BECKSTEIN, ANNABELLE  
STREET ADDRESS 7418 WESTMORELAND DRIVE  
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ DELETE

NAME BECKSTEIN, KIRK  
STREET ADDRESS 7903 LONGBAY BLVD  
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ DELETE

NAME OVENS, JULIE  
STREET ADDRESS 10305 BAULTUSROL PL  
CITY-ST-ZIP BRADENTON FL 34202

TITLE D ☐ DELETE

NAME TILTON, LESLIE  
STREET ADDRESS P.O. BOX 75 N/A  
CITY-ST-ZIP TERRA CEIA FL 34250

TITLE D ☐ DELETE

NAME BECKSTEIN, BRUCE  
STREET ADDRESS 8805 CROSSWOOD CT  
CITY-ST-ZIP RIVERVIEW FL 33569

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: Eugene H Beckstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 15/1999 941-351-2060

0479161

CR2E034 (11/98)