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 May 01, 1999 8:00 am Secretary of State

05-01-1999 90057 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/27/1998

DOCUMENT # 1. Corporation Name	P98000028374				
VISIBILITY CONSULTING, INC.					

Principal Place of Business

Mailing Address

6048 RALEIGH STREET APT 2708 ORLANDO FL 32835

6048 RALEIGH STREET APT 2708

ORLANDO FL 32835

2. Principal Pla	ace of Business	2a. Mailing Address	_		4. FEI Nu			Api	plied For	
21 8604	CHICARY CT	26 8604 CHIC	012		59-	355277	8	No	t Applicable	
Suite, Apt. #	‡, etc.	Suite, Apt. #, etc.			5, Certifica	te of Status Desired		\$8.75 A		
City & State		City & State			€ Election	Campaign Financin		\$5.00	May Po	
23 020	ando, Pl	28 ORLANDO	, FL		í	und Contribution	⁹	Added t		
Zip	Country	Zip	Country		1	rporation owes the co	urrent year in		nn-4	
24 3246 2	75 25 UBA	29 32825 31	0 U=	<u> </u>		al Property Tax.		Yes	12 40	
9. Name and Address of Current Registered Agent					10. Name	and Address of Nev	v Registered	Agent		
KOZIOL, EDWIN				81 Name						
8604 CHICORY COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32825			83	82						
ONEMIDO I E OEDEO				00						
				84 City FL 85 Zip Code						
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	Florida. Such change was auth	norized by	the corpo	corporation submit oration's board of d	s this statement for the irectors. I hereby acc	he purpose o cept the appo	f changing its intment as re	registered gistered	
agent. I ar SIGNATURE	n familiar with, and accept the obligation	ns of, Section 607,0505, Florid	a Statutes.	•						
SISINATOILE .	Signature, typed or printed name of registered agent at		<u></u>	t signature r	equired when reinstating)		DATE			
12.	OFFICERS AND		13.		ADDITIO	NS/CHANGES TO	OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE	!	D		•	Change	Addition	
NAME	SCOTT, PETER R		1.2 NAME		PETER 2	SLOTT			j	
STREET ADDRESS	6048 RALEIGH STREET APT 270	8	1.3 STREET	ADDRESS	2705 EA	or chuech				
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-\$1	r-ZIP	OPLANO	, FLORIDA	328	03		
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	- KOZIOL, EDWIN		2.2 NAME	-	,	•		50 4 05	. , . [.	
STREET ADDRESS	8604 CHICORY COURT		2.3 STREET	ADDRESS					}	
CITY-ST-ZIP	ORLANDO FL 32825		2,4 CITY-S	T-ZIP						
πŒ	•	☐ DELETE	3.1 TITLE					Change	Addition	
NAME			3.2 NAME)				ì	
STREET ADDRESS	··.		3.3 STREET ADDRESS						1	
CITY-ST-ZIP	·		3.4. CITY-S	T-ZIP		_				
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST	r-zip						
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5.2 NAME						Ì	
STREET ADDRESS	Major Color		5.3 STREET	ADDRESS					}	
	E Park A Province		5.4 CITY-ST	r-ZIP						
	or ones.	☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME	u. p. pr. 141		6.2 NAME)	
STREET ADDRESS	_		6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST	r-zip					/	

it with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. I hereby certify that the information indicated on this annual reposition of the corporate of the corporate

er escon President

SIGNATURE: