

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

01543

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90007 022 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000068300**

1. Corporation Name  
**VISION INVESTMENT GROUP, INC.**

Principal Place of Business 21130 N.W. 28TH COURT MIAMI FL 33056	Mailing Address 21130 N.W. 28TH COURT MIAMI FL 33056
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WILDER, TERRANCE**  
**4120 S.W. 151ST TERRACE**  
**MIRAMAR FL 33027**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'FERRALL, MARC	
STREET ADDRESS	15030 S.W. 51ST STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	O'FERRALL, MARC	
STREET ADDRESS	4120 S.W. 151ST TERRANCE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ALTARR	
STREET ADDRESS	21130 N.W. 28TH COURT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONE, STEFFOND	
STREET ADDRESS	5049 S.W. 131 AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT	
STREET ADDRESS	16497 S.W. 1ST STREET	
CITY-ST-ZIP	PEMBROKE PINE FL 33027	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YANCY, GERALD	
STREET ADDRESS	3861 N.W. 6TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY WEBB	
1.3 STREET ADDRESS	9328 NW 47 STREET	
1.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33351	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: 4/20/99 DAYTIME PHONE #: (305) 6223522

CR2E034 (11/98)