

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000088206** ✓ ①

1. Corporation Name
INNOVISION DESIGN, INC.

Principal Place of Business
400 NORTH NEW YORK AVENUE SUITE 100
WINTER PARK FL 32789 *changed*

Mailing Address
400 NORTH NEW YORK AVENUE SUITE 100
WINTER PARK FL 32789 *changed*

FILED
Sep 23, 1999 8:00 am
Secretary of State
09-23-1999 90008 008 ***173.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1998

4. FEI Number
59 353 7349

Applied For
☒ Yes ☐ 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. ☒ Yes ☐ No

2. Principal Place of Business
21 **6120 Edgewater Dr.**

2a. Mailing Address
26 **6120 Edgewater Dr.**

Suite, Apt. #, etc.
22 **"K"**

Suite, Apt. #, etc.
27 **"K"**

City & State
23 **Orlando FL**

City & State
28 **Orlando, FL**

Zip
24 **32810**

Country
25 **Orange**

Zip
29 **32810**

Country
30 **Orange**

9. Name and Address of Current Registered Agent

KAISER, BRUCE L
400 NORTH NEW YORK AVENUE SUITE 100
WINTER PARK FL 32789 *changed*

10. Name and Address of New Registered Agent

81 Name **Bruce Kaiser**

82 Street Address (P.O. Box Number is Not Acceptable)
3600 Wilder Lane

83

84 City **Orlando** **FL** 85 Zip Code **32804**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D KAISER, BRUCE L	3600 WILDER LANE	ORLANDO FL 32804	<input type="checkbox"/>
	D CATHERINE KAISER	3600 WILDER LN.	ORLANDO, FL 32804	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *[Signature]* **9.15.99** **401 297 0057**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

0010391

619264-90808-8
P98000088200

Dear Sirs

9.15.99

Enclosed please find check for \$165 registration fee,
As I never received the original form.

Thank you for your consideration,
Bruce Laise

\$165-
879 copy fee
\$773.75