FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 10 PM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S19051** **(9)**

1. Corporation Name
VISION - EQUIPT, INC.

Principal Place of Business	Mailing Address
5417 BLUEPOINT DR PORT RICHEY FL 34668 US	5417 BLUEPOINT DR PORT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/12/1990**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business 21 6330 Pinehill Rd.	2a. Mailing Address 26	4. FEI Number **59-3041731** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Unit #4	Suite, Apt. #, etc. 27 same	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Port Richey FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 34668 / 25 US	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRIEDMAN JOEL 5417 BLUEPOINT DR PORT RICHEY FL 34668	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, JOEL	1.2 NAME	
STREET ADDRESS	5417 BLUEPOINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLIGAN FRIEDMAN, BRENDA	2.2 NAME	
STREET ADDRESS	5417 BLUEPOINT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Brenda Milligan-Friedman 4-14-95 813-849-3503
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Brenda Milligan-Friedman

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