

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S19051 (9)

1. Corporation Name
VISION - EQUIPT, INC.



Principal Place of Business

**6330 PINEHILL ROAD
UNIT 4
PORT RICHEY FL 34668
US**

Mailing Address

~~6330 PINEHILL ROAD~~
~~UNIT 4~~
~~PORT RICHEY FL 34668~~
~~US~~

3. Date Incorporated or Qualified
12/12/1990

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 **6330 Pinehill Rd**
22 Suite, Apt. #, etc. **UNIT 4**

2a. Mailing Address

26 **5417 Bluepoint Dr**
27 Suite, Apt. #, etc.

4. FEI Number
59-3041731

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

23 City & State **Port Richey, FL**
24 Zip **34668** 25 Country **US**

28 City & State **Port Richey, FL**
29 Zip **34668** 30 Country **US**

9. Name and Address of Current Registered Agent

**FRIEDMAN JOEL
5417 BLUEPOINT DR
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name **Brenda Friedman**
82 Street Address (P.O. Box Number is Not Acceptable) **5417 Bluepoint Dr.**
83
84 City **Port Richey** FL 85 Zip Code **34668**

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 **Brenda Friedman**

2-22-96

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, JOEL	
STREET ADDRESS	5417 BLUEPOINT DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MILLIGAN FRIEDMAN, BRENDA	
STREET ADDRESS	5417 BLUEPOINT DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILLIGAN-FRIEDMAN BRENDA	
1.3 STREET ADDRESS	5417 Bluepoint Dr.	
1.4 CITY-ST-ZIP	Port Richey, FL 34668	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRIEDMAN, JOEL	
2.3 STREET ADDRESS	5417 Bluepoint Dr.	
2.4 CITY-ST-ZIP	Port Richey, FL 34668	
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 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)(k), 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**

2-22-96 813-849-3503

SIGNATURE AND TYPED OR PRINTED NAME OF SEENING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)