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

DOCUMENT # **V03781**

1. Corporation Name

VISION HR, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90250 033 ***150.00

Principal Place	e of Business	Mailing Address				
2717 SEVILLE B	LVD	435 S. RIDGEWOOD AVE.				
SUITE-11305	22764	- SUITE-202- DAYTONA BCH FL 32114		DO NOT WRITE IN THIS SPACE		
CLEARWATER-F	L 33754	US		3. Date incorporated or Qualifed		
00				12/30/1991		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For		
21 435	S. RIDGEWOOD AVE.	26 435 5, RIDGO	ELLON A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Suite, Apt.		Suite, Apt. #, etc.	- CC CC C C C C C C C C C C C C C C C C	\$8.75 Additional		
	,, oto.	27		5. Certificate of Status Desired Fee Required		
22				6. Election Campaign Financing 55.00 May Be		
23 DAYTUNA BEACH FL 28 DAYTONA BEACH				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	8. This corporation owes the current year Intangible			
24 321		29 32/14 3	USA	Personal Property Tax.		
24] 001	9. Name and Address of Curre			10. Name and Address of New Registered Agent		
			81 Nam	TABLOW, BENJAMINA, ESR.		
JABL	OW, BENJAMIN A ESQ.		20 0	AMBLOW DET STATION TO		
	-	W 4001855-	82 Stree	eet Address (P.O. Box Number is Not Acceptable) ROETさし、シータンのRESS		
SAR/	ASOTA FL 34237	W ADDILESS - L PERSON AC AGEN	83 F P			
	>6m 8	PELLSON AS MOCH	" <u> </u>	2320, FORST ST. 100 7 000		
			84 City	FORT MEYERS FL 83 33901		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-name	ned corporation submits this statement for the purpose of changing its registered		
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autr ations of, Section 607.0505, Florid	orized by the coi a Statutes.	orporation's board of directors. I hereby accept the appointment as registered		
_						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Ro	egistered Agent signatur	ture required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	P/S/T/D		
NAME	LILLY, DENNIS E		1.2 NAME	LILLY DENNIS E.		
STREET ADDRESS	435 RIDGEWOOD AVE., SUITE	202	1.3 STREET ADDRES			
CITY-ST-ZIP	DAYTONA BEACH FL 32114	_	1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRES	ESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	- Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	ESS		
ì			34 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME			4. 2 NAME			
· ·			4.3 STREET ADDRES	NECC .		
STREET ADDRESS			i	L00		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition		
TITLE			5.1 MLE 5.2 NAME	,		
NAME			5.3 STREET ADDRES	NEGO		
STREET ADDRESS				200		
CITY-ST-ZIP		C) DELETE	5.4 CITY-ST-ZIP 61 TITLE	☐ Change ☐ Addition		
TITLE		☐ DELETE		□ oranide □ vanimon		
NAME			6.2 NAME	1500		
STREET ADDRESS			6 3 STREET ADDRES	too .		
CITY-ST-ZIP			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:

GNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTO

1-12-9

904-255-7076

Daytime Phone #