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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

 Corporation I 	MENT Name VISION,		11	(7)								
Principal Piace of	of Business		M	lail ng Address						981 191 0 0 11		
4443 HOLLYWOOD BLVD HOLLYWOOD FL 33021				4443 HOLLYWOOD BLVD HOLLYWOOD FL 33021								
									3. Date Incorporated or Qualified 03/19/1992		e of Last R 05/01/1	•
2. Principal Plac	ce o' Busine	ess	2a.	. Mailing Address					4. FEI Number		\vdash	Applied For
1			26	51.54 A.4 A. A.					65-0321217			Not Applicable Additional
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Required
City & State			[27]	City & State					6. Election Campaign Financing		\$5.0	O May Be
City & State			28	Only of Diano					Trust Fund Contribution			d to Fees
Zip		Country		Zip	C	ountry			8. This corporation has liability for		ax under s	199.032,
4		25	29			30			Florida Statutes 🔀 Yes 🔲 No			
	9, Name	and Address of Curr	ent Regis	stered Agent		-	r		10. Name and Address of New	Registered	Agent	
						81						
	M, YOSSI					82	Street Addre		ess (P.O. Box Number is Not Acceptable)			
4443 HOLLYWOOD BLVD				•		83	13					
HOLLY	WOOD FL	33021										
						84	City			Fl	85 Z	p Code
or registere familiar with	ed agent, or n. and acce	both, in the State of Fk ot the obligations of, Se	orida. Suc ection 607	⊅i change was autho .0505, Florida Statu	orized by the tes.	e corp	oration's b	board	on submits this statement for the poof directors. I hereby accept the app	oointment a	s registeret	o agent. i am
familiar wili	n, and acce	both, in the State of Flopt the obligations of, So or punted name of registers as OFFICERS A	ent and blicit	tapplicable CTORS	NOTE Regard	ned Ager 3.			of directors. I horeby accept the applications of the control of t	DATE	D DIRECTO	DRS IN 12
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certify that the information impleated on this annual report of supplemental annual report is the and accurate and hat my signature shall have the same legal effect as it 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. 3 ~ 12 ~ S & Destrine Priorie #

SIGNATURE: 📈 SIGNATURE AND TYPED OR PHINTED HAME OF SIGNING OFFICER OR DIRECTOR