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

FILED
96 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26167 (9)

1. Corporation Name
VISIM, INC.

Principal Place of Business
C/O JOSEPH VIRGA
3106 COLONY REEF A-1-A SOUTH
ST. AUGUSTINE FL 32084

Mailing Address
~~65 FRANKLIN AVENUE~~
~~WESTERLY RI 02891~~
~~US~~

3. Date Incorporated or Qualified: 04/02/1992	3a. Date of Last Report: 03/27/1995
4. FEI Number: 59-3168209	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 6770 SR 207
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Elkton FL
Zip 24 / Country 25	Zip 29 32033 / Country 30 ST Johns

9. Name and Address of Current Registered Agent

VIRGA, JOSEPH
3106 COLONY REEF
A-1-A SOUTH
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	VIRGA, JOSEPH	1.2 NAME
STREET ADDRESS	~~65 FRANKLIN AVE.~~ 6770 SR 207	1.3 STREET ADDRESS
CITY-ST-ZIP	~~WESTERLY RI~~ Elkton, Fl 32033	1.4 CITY-ST-ZIP
TITLE	DVP ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	VIRGA, VIVIAN	2.2 NAME
STREET ADDRESS	~~65 FRANKLIN AVE.~~ 6770 SR 207	2.3 STREET ADDRESS
CITY-ST-ZIP	~~WESTERLY RI~~ Elkton, FL 32033	2.4 CITY-ST-ZIP
TITLE	DS ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	~~SIMMONS, CHERYL~~ Herckes, Cheryl	3.2 NAME
STREET ADDRESS	~~65 FRANKLIN AVE.~~ 622 Penn Colony Dr	3.3 STREET ADDRESS
CITY-ST-ZIP	~~WESTERLY RI~~ Middletown, CT 06457	3.4 CITY-ST-ZIP
TITLE	DVP ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	SIMMONS, JEFFREY	4.2 NAME
STREET ADDRESS	~~65 FRANKLIN AVE.~~ 6990 SR 207	4.3 STREET ADDRESS
CITY-ST-ZIP	~~WESTERLY RI~~ Elkton, FL 32033	4.4 CITY-ST-ZIP
TITLE	DT ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	SIMMONS, GREGORY	5.2 NAME
STREET ADDRESS	~~65 FRANKLIN AVE.~~ 1905 Fleet St 2nd Fl	5.3 STREET ADDRESS
CITY-ST-ZIP	~~WESTERLY RI~~ Baltimore, MD 21231	5.4 CITY-ST-ZIP
TITLE	☐ DELETE	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: Joseph Virga President 4/24/96 904 692 3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)