

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V44723**

(7)

1. Corporation Name
VISUAL IMPACT GROUP, INC.



Principal Place of Business

**17080 SW 284TH ST
HOMESTEAD FL 33030
US**

Mailing Address

**17080 SW 284TH ST
HOMESTEAD FL 33030-2035
US**

3. Date Incorporated or Qualified

06/19/1992

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0343914

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MATLIN, BRIAN
2809 BIRD AVE #124
COCOA GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name

ROBERT A MAJEWSKI

82 Street Address (P.O. Box Number is Not Acceptable)

17080 SW, 284 ST

83

84 City

HOMESTEAD FL

85 Zip Code

33030

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

Signature typed or printed name of registered agent and title, if applicable

ROBERT A. MAJEWSKI

(NOTE: Registered Agent signature required when reappointing)

11/3/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAJEWSKI, ROBERT	
STREET ADDRESS	17080 SW 284TH ST	
CITY- ST- ZIP	HOMESTEAD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURNSTAD, JENNIFER M.	
STREET ADDRESS	1301 SANDPIPER BLVD	
CITY- ST- ZIP	HOMESTEAD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAJEWSKI, AMANDA	
STREET ADDRESS	17080 SW 284 ST	
CITY- ST- ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAJEWSKI, DEBORAH	
STREET ADDRESS	17080 SW 284 ST	
CITY- ST- ZIP	HOMESTEAD FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	T
23 STREET ADDRESS	BURNSTAD, JENNIFER M.
24 CITY- ST- ZIP	17080 S.W. 284 STREET
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HOMESTEAD, FL 33030
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

ROBERT A. MAJEWSKI 11/3/97 (305) 245-7505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)