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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

VISUAL IMPACT GROUP, INC.								
Principal Place	e of Business	Mailing Address				I FREST BILBIT BIRTI MINIT HERIO ISAND	,)	ALI PIRII (RAI
17080 SW 284T		17080 SW 284TH ST				,		
HOMESTEAD FL 33030 HOMESTEAD FL 33030				•		DO NOT WRITE	IN THIS SDACE	
us us					3. Date Incorporated or Qualifed	IN THIS STACE		
•	t					06/19/1992		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21		26				65-0343914	Nof	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	. i
22		27				J. Carineats of Otelas Desires .	Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing	□ \$5.00 l	· .
23	· · · · · · · · · · · · · · · · · · ·	[28]		4 :		Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	Cou	ntry		This corporation owes the current Personal Property Tax.		□No
24 🦸	9. Name and Address of Curren	29	30	•		10. Name and Address of New Reg		
	9. Name and Address of Correct			81	Name			
🗽 MAJI	EWSKI, ROBERT A.			82	Ctroot Addr	ess (P.O. Box Number is Not Acceptable	<u> </u>	
1708	0 SW 284 ST			62	Street Addit	ess (F.O. Box Humber is Not Acceptable	og zaza kisaka kiki kita kita ki	4- 5-y.s. s
HOM	IESTEAD FL 33030			83				
				84	City	9 3 4 4 5 6 4 2	85 Zip C	ode
					·		FL	
office of reagent. I a	to the provisions of sections do see egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stati	utes.	the corporation	oration submits this statement for the pu on's board of directors. I hereby accept the d when reinstating)	DATE	JISTEFFE C
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.1 TII	TLE			☐ Change	Addition
NAME '	Majewski, robert		1.2 NA	WE		•		
STREET ADDRESS	17080 SW 284TH ST		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL	· Classes		TY-ST	T-ZIP	•		
TITLE	T	DELETE	2.1 111	TLE	1		Change	GoitibhA 🔲
NAME	BURNSTAD, JENNIFER M.						. ☐ Change	Addition
STREET ADDRESS			2.2 NA				Change	☐ Addition
CITY-ST-ZIP	HOMESTEAD FL		2.3 ST	REET	ADDRESS		. ☐ Change	Addition
TITLE		□ DELETE	2.3 ST 2. 4 C	IREET			. ☐ Change	Addition
	S , , , ,	☐ DELETE	2.3 ST 2. 4 C 3.1 TD	TREET TY-,ST				
NAME STREET ADDRESS	S Majewski, amanda	☐ DELETE	2.3 ST 2. 4 Cl 3.1 TII 3.2 NA	TREET TY-,ST TLE AME	it-zip		Change	
STREET ADDRESS	S MAJEWSKI, AMANDA 17080 SW 284 ST	☐ DELETE	2.3 ST 2. 4 Cl 3.1 TD 3.2 NA 3.3 ST	TREET TITY-ST TLE AME TREET	TADDRESS		Change	
1744	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL	☐ DELETE	2.3 ST 2. 4 Cl 3.1 TD 3.2 NA 3.3 ST	TREET TLE AME TREET	TADDRESS		Change	
STREET ADDRESS CITY-ST-ZIP	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V	_	2.3 ST 2.4 Cl 3.1 TI 3.2 NA 3.3 ST 3.4. Cl	TREET TLE AME TREET TLY-ST TLE	TADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH	_	2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	TREET TLE AME TREET TTY-ST TLE	TADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH 17080 SW 284 ST	_	2.3 ST 2.4 Cl 3.1 TII 3.2 NA 3.3 ST 3.4 Cl 4.1 TII 4.2 NA 4.3 ST	TREET TLE AME TREET TTY-ST TLE	T ADDRESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH	_	2.3 ST 2.4 Cl 3.1 TT 3.2 NA 3.3 ST 3.4. Cl 4.1 TT 4.2 NA 4.3 ST 4.4 Cl 5.1 TT	TREET THE TREET THE TREET THE TREET THE TREET THE TTY-ST THE	T ADDRESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH 17080 SW 284 ST	DELETE	2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 N. 4.3 ST 4.4 CI 5.1 TI 5.2 NA	TREET TITY-ST TILE TREET TITY-ST TILE TREET TITY-ST TITY-ST TITY-ST TITE THE	T ADDRESS T-ZIP T ADORESS T-ZIP T ADORESS T-ZIP	39 T. S.	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH 17080 SW 284 ST HOMESTEAD FL	DELETE	2.3 ST 2.4 CD 3.1 TD 3.2 NA 3.3 ST 3.4 CD 4.1 TD 4.2 NA 4.3 ST 4.4 CD 5.1 TD 5.2 NA 5.3 ST	TREET TITY-ST TILE TREET TITY-ST TILE TITY-ST TILE TITE TITE TITE TITE TITE TITE TIT	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH 17080 SW 284 ST HOMESTEAD FL	DELETE	2.3 ST 2.4 CD 3.1 TD 3.2 NA 3.3 ST 3.4 CD 4.1 TD 4.2 NA 4.3 ST 4.4 CD 5.1 TD 5.2 NA 5.3 ST	TREET TITY-ST TILE AME TREET TITY-ST TILE AME TITY-ST TILE AME TITY-ST TILE TITY-ST TITY-ST TITY-ST TITY-ST TITY-ST	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S MAJEWSKI, AMANDA 17080 SW 284 ST HOMESTEAD FL V MAJEWSKI, DEBORAH 17080 SW 284 ST HOMESTEAD FL	DELETE	2.3 ST 2.4 CD 3.1 TD 3.2 NA 3.3 ST 3.4 CD 4.1 TD 4.2 NA 4.3 ST 4.4 CD 5.1 TD 5.2 NA 5.3 ST	TREET TITY-SI TILE AME TREET TITY-SI TILE TITY-SI TILE TITY-SI TILE TITY-SI TILE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS		☐ Change	Addition

14. I hereby certify that the information supplied with this fling 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90002 033 ***150.00