


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

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005855 (2)**  
1. Corporation Name  
**MAGNIVISION, INC.**

Principal Place of Business <b>1500 SW 66TH AVE. PEMBROKE PINES FL 33023</b>	Mailing Address <b>ONE AMERICAN RD CLEVELAND OH 44144 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0419470</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>D</b>
NAME	<b>PEER, RONALD</b>	1.2 NAME	<b>MORTON NYMAN</b>
STREET ADDRESS	<b>1500 SW 66TH AVE</b>	1.3 STREET ADDRESS	<b>ONE AMERICAN ROAD</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44144</b>
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>WEISS, MORRY</b>	2.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<b>D</b>
NAME	<b>MEYER, WILLIAM S.</b>	3.2 NAME	<b>WILLIAM S. MEYER</b>
STREET ADDRESS	<b>ONE AMERICAN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<b>D</b>
NAME	<b>GROETZINGER, JON JR</b>	4.2 NAME	<b>ERWIN WEISS</b>
STREET ADDRESS	<b>ONE AMERICAN RD.</b>	4.3 STREET ADDRESS	<b>ONE AMERICAN ROAD</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44144</b>	4.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44144</b>
TITLE	<b>T</b>	5.1 TITLE	
NAME	<b>CABLE, DALE</b>	5.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH 44144</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>RIPPLE, PATRICIA</b>	6.2 NAME	
STREET ADDRESS	<b>ONE AMERICAN RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)