

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

DOCUMENT # **V19958 (0)**

1. Corporation Name

MEDI-VISION TECHNOLOGIES INCORPORATED



Principal Place of Business

Mailing Address

881 OCEAN DR
APT 14C
KEY BISCAIYNE FL 33149

881 OCEAN DR
APT 14C
KEY BISCAIYNE FL 33149

3. Date Incorporated or Qualified 03/05/1992	3a. Date of Last Report 02/24/1995
4. FEI Number 65-0316127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EISENBERG, EMIL
881 OCEAN DR
APT 14C
KEY BISCAIYNE FL 33149**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PD	NAME USHMAN, WAYNE M.	1.1 TITLE D
STREET ADDRESS 2 RODMAN RD	CITY-STATE-ZIP WEBSTER MA	1.2 NAME USHMAN, WAYNE M.
		1.3 STREET ADDRESS 2 RODMAN ROAD
		1.4 CITY-STATE-ZIP WEBSTER, MA 01570
TITLE STD	NAME EISENBERG, EMIL	2.1 TITLE TD
STREET ADDRESS 881 OCEAN DRIVE, APR 14C	CITY-STATE-ZIP KEY BISCAIYNE FL	2.2 NAME EISENBERG, EMIL
		2.3 STREET ADDRESS 881 OCEAN DR - APT 14C
		2.4 CITY-STATE-ZIP KEY BISCAIYNE, FL 33149
TITLE D	NAME DIAMANT, GREGORY	3.1 TITLE PSD
STREET ADDRESS 178 EAST 80TH ST., APT 5A	CITY-STATE-ZIP NEW YORK FL	3.2 NAME DIAMANT, GREGORY
		3.3 STREET ADDRESS 178 EAST 80TH ST - APT 5A
		3.4 CITY-STATE-ZIP NEW YORK, NY 10021
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-STATE-ZIP	6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-STATE-ZIP

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/96

CR2E034 (12/95)