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FILED

Jan 21 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 # F96000002456 (9)

1. Corporation Name

MICROVISION MEDICAL SYSTEMS, INC.

Principal Place of Business

C/O XL VISION, INC.
10300 102ND TERRACE
SEBASTIAN FL 32958

Mailing Address

C/O XL VISION, INC.
10300 102ND TERRACE
SEBASTIAN FL 32958-7823

3. Date Incorporated or Qualified
05/16/1996

3a. Date of Last Report

4. FEI Number

752649072

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCOTT, JOHN S
10300 102ND TERRACE
SEBASTIAN FL 32958

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

Signature (typed or printed name of registered agent and for it applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME SCOTT, JOHN S
STREET ADDRESS 10300 102ND TERRACE
CITY-ST-ZIP SEBASTIAN FL

TITLE P ☒ DELETE
NAME SHIFF, MICHAEL
STREET ADDRESS 18304 PRESTON RD., STE 800
CITY-ST-ZIP DALLAS TX

TITLE ST ☐ DELETE
NAME WILLMANN, JAMES B
STREET ADDRESS 10300 102ND TERRACE
CITY-ST-ZIP SEBASTIAN FL

TITLE V ☐ DELETE
NAME GARBER, KENNETH
STREET ADDRESS 10300 102ND TERRACE
CITY-ST-ZIP SEBASTIAN FL

TITLE V ☒ DELETE
NAME SZOSTAK, DAVID
STREET ADDRESS 10300 102ND TERRACE
CITY-ST-ZIP SEBASTIAN FL

TITLE AS ☐ DELETE
NAME ROSARD, STEVEN J
STREET ADDRESS 435 DEVON PARK DR
CITY-ST-ZIP WAYNE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME CEO
2.3 STREET ADDRESS Harrington, Douglas
2.4 CITY-ST-ZIP 906 Camino Ibiza
San Clemente, CA 92672

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VST
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VCFO
5.3 STREET ADDRESS O'Boyle, Kevin
5.4 CITY-ST-ZIP 10305 102nd Terrace
Sebastian, FL 32958

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

James B. Willmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

Date

561-589-7831

Day: mo Phone #

CR2E034 (9/96)