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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F96000002737 (2)

1. Corporation Name
OLD VIEWSONICS, INC.

Principal Place of Business	Mailing Address
6454 E ROGERS CIR BOCA RATON FL 33487	6454 E ROGERS CIR BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1996

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0674357 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, THOMAS H		1.2 NAME	
STREET ADDRESS	1751 LAKE COOD RD #550		1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 50015		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CYNTHIA ACKERMAN		2.2 NAME	
STREET ADDRESS	6545 E. ROGERS CIR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, G ROBERT		3.2 NAME	
STREET ADDRESS	1200 MAIN ST #3500		3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64105		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUEMMER, DEREK B		4.2 NAME	
STREET ADDRESS	1200 MAIN ST #3500		4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64105		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHN W. JORDAN II		5.2 NAME	
STREET ADDRESS	1751 LAKE COOK RD., #550		5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ABRAM ACKERMAN		6.2 NAME	
STREET ADDRESS	6545 E. ROGERS CIR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Abram Ackerman 1/26/98 561-998-9596