
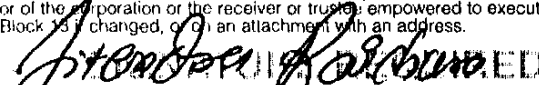


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000004883 (2)</b> 1. Corporation Name <b>COMPUTRON PROJECTION SYSTEMS, INC.</b>					
Principal Place of Business <b>3842 HOPKINS AVE TITUSVILLE FL 32780</b>			Mailing Address <b>3842 HOPKINS AVE TITUSVILLE FL 32780-5753</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/23/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>36-4089210</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TUCKER, ARTHUR 3842 HOPKINS AVE TITUSVILLE FL 32780</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	C <input type="checkbox"/> DELETE				
NAME	HATHI, KEN				
STREET ADDRESS	1697 W. IMPERIAL CT				
CITY-ST-ZIP	MOUNT PROSPECT IL 60056				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	FROELICH, RUSSEL E				
STREET ADDRESS	1697 W. IMPERIAL CT				
CITY-ST-ZIP	MOUNT PROSPECT IL 60056				
TITLE	STD <input type="checkbox"/> DELETE				
NAME	RAICHURA, JITENDRA				
STREET ADDRESS	1697 W. IMPERIAL CT				
CITY-ST-ZIP	MOUNT PROSPECT IL 60056				
TITLE	D <input type="checkbox"/> DELETE				
NAME	TUCKER, ART				
STREET ADDRESS	3842 HOPKINS AVE				
CITY-ST-ZIP	TITUSVILLE FL 32780				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>4/8/97</b> <b>8429528800</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)