

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004243 (8)

1. Corporation Name
WHO? VISION SYSTEMS, INC.

Principal Place of Business 10305 102ND TERRACE SEBASTIAN FL 32958	Mailing Address 10305 102ND TERRACE SEBASTIAN FL 32958
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18 TECHNOLOGY DRIVE Suite, Apt. #, etc. 22 City & State 23 IRVINE, CA Zip Country 24 92618 25 USA		2a. Mailing Address 26 10315 102ND TERRACE Suite, Apt. #, etc. 27 City & State 28 SEBASTIAN, FL Zip Country 29 32958 30 USA		3. Date Incorporated or Qualified 08/13/1997 4. FEI Number 65-0768968 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SCOTT, JOHN S 10305 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) 10315 102ND TERRACE 83 84 City FL 85 Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD DICKINSON, ALEXANDER G 10305 102ND TERRACE SEBASTIAN FL 32958	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEOD DICKINSON, ALEXANDER G 18 TECHNOLOGY DRIVE IRVINE CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCOTT, JOHN S 10305 102ND TERRACE SEBASTIAN FL 32958	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	C SCOTT, JOHN S 10315 102ND TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV SZOSTAK, DAVID P 10305 102ND TERRACE SEBASTIAN FL 32958	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CFOV KERRIGAN, JAMES 18 TECHNOLOGY DRIVE IRVINE, CA 92618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLMAN, JAMES B 10305 102ND TERRACE SEBASTIAN FL 32958	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S WILLMAN, JAMES B 10315 102ND TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV HASKELL, GREGORY W 10305 102ND TERRACE SEBASTIAN FL 32958	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	EV HASKELL, GREGORY W 10315 102ND TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DELETE

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: _____

4-28-98

561-589-7331

CR2E034 (10/97)