

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H83861 (5)

1. Corporation Name

PERIPHERAL VISION, INC.



Principal Place of Business

Mailing Address

% SHANE R. LANDAU
1754 N. MAIN STREET
JACKSONVILLE FL 32206

% SHANE R. LANDAU
1754 N. MAIN STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
11/04/1985

3a. Date of Last Report
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPLAN, RONALD M
1754 MAIN ST
JACKSONVILLE FL 32206

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 607.0507 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 of Registered Agent

Signature of Officer or Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
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DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition

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 included 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 617, 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

Ron Caplan

8/6/96

904-353-4900

CR2E034 (3/96)