COF ANNI	PROFIT RPORATION UAL REPORT 1996	Sand Sec DIVISION	PARIMENT OF STATE dra B. Morthan- retary of State OF CORPORATIONS		
1. Corporatio	MENT # <b>J8700</b> On Name  On RTSON DISPLAY, INC.	01 (0)			
Principal Place 8826 US HV PORT RICHI US		Mailing Address 8826 US HWY 19 PORT RICHEY F 34 US	668-5242	1 1001114 0101 10111 10211 00711 1	OLDA 1101 DEDIK OSDIL BEGIL DEBIL DIDIK DIDIK 1881
				<ol> <li>Date Incorporated or Qualifie</li> <li>08/13/1987</li> </ol>	d 3a. Date of Last Report 05/01/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 59-2833026	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>4</b> ]	Country 25	2 <sub>(p)</sub>	Gountry 30	8. This corporation has liability for	or intangible tax under s 199.032,
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New	Registered Agent
ROBER*	TSON, LEX T. SR		U Nati iii	<del>-</del>	
			00 0		
	ARINER WAY			t Address (P.O. Box Number is Not Accept	able)
			82 Stree 83	Address (P.O. Box Number is Not Accept	able)
	ARINER WAY			r Address (P.O. Box Number is Not Accept	85 Zin Code
TARPON	ARINER WAY N SPRINGS FL 34689 to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori		83 84 City utes, the above named		FL 85 Zip Code
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TARPON  11. Pursuant t     or register     familiar wit  SIGNATURE _	ARINER WAY N SPRINGS FL 34689  To the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	tion 607 0505, Florida Status	84 City Utes, the above named lized by the corporation as.	corporation submits this statement for the ps board of directors. I hereby accept the approximation of the recentary	FL 85 Zip Code purpose of changing its registered office apointment as registered agent. Larin
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14. Too hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report is 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 attractiment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAS OFFICER OR DIRECTOR

Directors

Linguist Proces

4-17-96 CupareFronca