FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550 May 12 1997 8:00am FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Mori Secretary of State ANNUAL REPORT Secretary of Bia DIVISION OF CORPO 1997 IONS DOCUMENT # J87001 (0)ROBERTSON DISPLAY, INC. Principal Place of Business Mailing Address 8826 US HWY 19 8826 UŞ HWY 19 PORT RICHEY F 34668-5242 PORT RICHEY FL 94668-5242 3. Date Incorporated or Qualified 3a. Date of Last Report 08/13/1987 04/21/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2833026 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBERTSON, LEX T. SR 1701 MARINER WAY Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 83 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Change TITLE 1.1 HHLF ROBERTSON, LEX T. SR NAME 1.2 NAME 1701 MARINER WAY STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELFTE Change Addition TITLE 2.1 TITLE ROBERTSON, LEX T. JR 2.2 NAME NAME 2432 HAWK AVE STREET ADDRESS 23 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ROBERTSON, JOYCE A. NAME 3.2 NAME 1701 MARINER WAY STREET ADDRESS 3 3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAM STREET ADDRESS 4.3 \$TREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5 t TITLE 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- S1 - ZIP DEFEIG Addition 6.1 TITLE Change TITLE

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 eath; 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. Robertson

NAME

STREET ADDRESS

上班工事務のおというは

62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

3/12/97 (612)0110-0221L