SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name J87239 MOBILEVISION TECHNOLOGY, INC.

(6)

## Jul 28 1998 8:00am Secretary of State



Principal Place	e o <b>f Bus</b> iness	Mailing Address	Mailing Address						
SAUL SWIME	AER	% SAUL SWIMMER							
1002 MADRID S		1002 MADRID STREET	1002 MADRID STREET						
CORAL GABLES	3 FL <b>33</b> 134	CORAL GABLES FL 33134	CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE			
US		US	US			3. Date Incorporated or Qualified			
						08/10/1987			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
· ·		h	26			13-3081198	<b>1</b>	ot Applicable	
21 Culto Ant	# -4-	Suite, Apt. #, etc.						Additional	
Sulte, Apt.	#, etc.	}-¬	-η			5. Certificate of Status Desired	<b>-</b>	Required	
22		27				<u> </u>			
City & State	8	City & State	<del>                                     </del>			6. Election Campaign Financing \$5.00 May Be			
23					Trust Fund Contribution				
Zip	Country	Zip	Coun	itry		8. This corporation owes or has paid the curr			
24	25	29	30				Yes [	No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered A	gent		
SWIMMER, SAUL					81 Name				
1002 MADRID STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
	AL GABLES FL 33134		82 Street		Street Addre	ess (P.O. Box Number is Not Acceptable)			
OOR	AL GABLES ( C 00104		l <sub>3</sub>	83					
				١,					
			Ti-	84	City	P.	85 Zip	Code	
						<u>FL</u>			
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)  DATE									
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	FORS IN 12	
TITLE	PSTD	DELETE	1.1 TITL	LE		Change Addition		Addition	
	SWIMMER, SAUL			NAME					
NAME	1002 MADRID STREET								
STREET ADDRESS			1.3 STREET		1				
CITY-ST-ZIP				1.4 CITY-ST-ZIP			_		
TITLE	DELETE 2.1		2.1 TITL	2.1 TITLE		L	Change	Addition	
NAME	2.2		2.2 NAN	2.2 NAME					
STREET ADDRESS	•		2.3 STR	2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY	Y-ST-Z	IP	u.ik.e (d	4 <del>1</del>	1	
TITLE		DELETE	3.1 TITL	LE			Change	Addition	
NAME			3.2 NAN		j	`		_	
					DDDESS				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			3.4 CIT		(P		<b>—</b>		
TITLE		L DELETE	4.1 TITE	LE		l	Change	Addition	
NAME			4.2 NAM	ME					
STREET ADDRESS			4.3 STR	REETA	DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	IP I				
TITLE		DELETE	5.1 TITLE				Change	Addition	
			5.2 NAME			•			
NAME			1		200500				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CIT		ZIP		٦.		
TITLE		DELETE	6.1 TITL	LĒ		المعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى والمعلى	Change		
NAME			6.2 NAM	ME		9000026020 -07/30/33010030	ьы	PE 7.28	
STREET ADDRESS			6.3 STR	REETA	DORESS	<b>-07/</b> 30 <b>/</b> 38010030	121	2.20	
			e 4 CIT	VOTE	<sub>7/D</sub>	***150.00		100	

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 in stee 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 of 9) an attachment with an address.

JUM 20 1998

305.461-0123

MobileVision

Pfd

June 30, 1998

Florida Department of State Annual Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

## Gentlemen:

Enclosed please find our Annual Report fee of \$150. This morning we received the Annual Report packet and it was marked "2<sup>nd</sup> Notice." However, we never received a first notice. We called the phone number listed and the woman who answered asked us to send in a check for the "first notice" amount and include this letter of explanation.

I hope this clears up this matter because it really isn't fair to be required to pay a late fee when we hadn't ever received the original notice.

Thank you very much for your help in this matter.

Very truly votits

SAUL SWIMMER, President Mobile Vision Technology, Inc.