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

PROFIT
CORPORATION
ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Change

Addition

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L4564

(7)

ARRAY VISION ENGINEERING COMPANY

| Principal Place 1 PROGRESS ALACHUA FL US               |  | Mailing Address  1 PROGRESS BLVD BOX 37 ALACHUA FL 32615-9544 US                           |   |                       |  |  |                       |                        |                                      |
|--|--|--|---|-----------------------|--|--|-----------------------|------------------------|--------------------------------------|
|  |  |  |   |                       |  | 3. Date Incorporated or Qualified 01/23/1990   |                       | of La<br>0/19          | st Report<br><b>96</b>               |
| 2. Principal Place of Business                         |  | 2a. Mailing Address  |   |                       | 4. FEI Number 34-1640143                           | Applied For Not Applicable   |                       |                        |                                      |
| Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.  |   | <u>.</u>              | ·  |  | г—ъ                   | \$8.7                  | 5 Additional                         |
| 22   |  | 27   |   |                       |  | 5. Certificate of Status Desired   |                       |                        | e Required                           |
| City & Stat  | te   | City & State   |   |                       | 6. Election Campaign Financing                     | \$5.00 May Be  |                       |                        |                                      |
| 23   | 28   | Country  |   |                       | Trust Fund Contribution                            |  |                       |                        |                                      |
| Zip<br>24  | Country  | Zip  |   | untry                 | y  | 8. This corporation has liability for i  | ntangible ta<br>Yes 🔀 |                        | er s. 199.032,                       |
| 24   | 9. Name and Address of Curre   | ni Registered Agent  | 30  | 7                     |  | Florida Statutes   |                       |                        |                                      |
| IIN  | GUREANU, MARY  |  |   | 81                    | Name   |  | ,                     | 90,                    |                                      |
| 1333 E HALLANDALE BCH BLVD #430<br>HALLANDALE FL 33009 |  |  |   | 82                    | Street Address (P.O. Box Number is Not Acceptable) |  |                       |                        |                                      |
|  |  |  |   | 83                    |  |  |                       |                        |                                      |
|  |  |  |   | 84                    | City   |  | FL                    | 85                     | Zip Code                             |
| 11. Pursuant office or agent. I a                      | to the provisions of Sections 607,056 registered agent, or both, in the State am familiar with, and accept the oblig | 02 and 607.1508, Florida Si<br>e of Florida. Such change v<br>gations of, Section 607.0505 | tatutes, the a<br>vas authorize<br>5, Florida Sta | abov<br>ed b<br>atute | re-named co<br>y the corpor<br>s.                  | rporation submits this statement for the p<br>ation's board of directors. I hereby accep |                       | l L<br>hangir<br>nlmen | ng its registered<br>t as registered |
| SIGNATURE  | Signature, typed or printed name of registered ag  | ent and left if analysis   | /NOTE Bookson                                     | oo Ao                 | ent tionaluse too                                  | uirea whan reinstating)  | DATE                  |                        |                                      |
| 12.  | <del></del>  | ND DIRECTORS   | 13.   |                       | ent signature req                                  | ADDITIONS/CHANGES TO OFFIC   |                       | DIREC                  | TORS IN 12                           |
| TITLE  | P  | ☐ DELE1E   | 1.1.7   | THE                   | 1  |  |                       | Chan                   |                                      |
| NAME   | PROUMBESCU, AURELIG M  |  | 1.2 M   | IAME                  |  |  |                       |                        |                                      |
| STREET ADDRESS   | 1 PROGRESS BLVD. BOX 37  |  | 1.3 5   | STREET                | 1 ADDRESS  |  |                       |                        |                                      |
| CITY-ST-ZIP  | ALACHUA FL   |  |   | CITY - S              | ST-ZIP   |  |                       |                        |                                      |
| TITLE  | CEOT   | DELF1E   | 2.1 1   | ULE                   |  |  |                       | Chan                   | ge Addition                          |
| NAME   | PORUITISESCU, MARY J   |  | 2.2 NAME  |                       | Į  |  |                       |                        |                                      |
| STREET ADDRESS   | 1 PROGRESS BLVD. BOX 37  |  | 2.3 9   | STREET                | 1 ADDRESS  |  |                       |                        |                                      |
| CITY-ST-ZIP  | ALACHUA FL   |  |   |                       | ST-7IP   |  | <u>-</u>              |                        |                                      |
| TITLE  | S INCUIDEANIA MADIOADA   | DELFTE   |   |                       | •  |  | L                     | Char                   | ge Addition                          |
| NAME   | UNGUREANU, MARIOARA  | A.   |   | 3.2 NAME              |  |  |                       |                        |                                      |
| STREET ADDRESS   | 1333 E HALLANDALE BCH B  | ¥  |   |                       | ADDRESS  |  |                       |                        |                                      |
| CITY-ST-ZIP  | HALLANDALE FL  | DELETE   |   |                       | ST: ZIP  |  |                       | 10-                    |                                      |
| TITLE  |  | L_J DERFIE   |   |                       |  |  | L                     | _) Chan                | ige L Addition                       |
| NAME   |  |  | 4.2   | NAME                  | 1  |  |                       |                        |                                      |

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 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.

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.111116

5.2 NAME

6 1 TITLE

G.2 NAME

DELETE

☐ DELE1E

SIGNATURE MAN AS DEL WALLE VOLE CAMBOUTIL TE PREUM ESCALL Ula Jon GALLESONE