

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # P09371 (6)

1. Corporation Name

INEX VISION SYSTEMS, INC.

Principal Place of Business

13327 US 19 N
CLEARWATER FL 34624
US

Mailing Address

13327 US 19 N
CLEARWATER FL 34624
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/11/1986

3a. Date of Last Report

04/11/1995

4. FET Number

84-0856064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHLIMM, DANIEL J.
13327 US 19 NORTH
CLEARWATER FL 34624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (if not the same as the corporation's)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	SCHEMENAUR, JAMES A.	13327 US 19 NORTH	CLEARWATER FL	
S	SCHLIMM, DANIEL J.	13327 US 19 NORTH	CLEARWATER FL	
D	CHAPMAN, BOB	4660 W. FLORISSANT AVE	ST. LOUIS MO	
D	BROWN, STUART	ATLANTIC STREET	ALTRINCHAM CHESIR	
D	ASHTON, MICHAEL G.	ATLANTIC STREET	ALTRINCHAM CHESIR	
D	SCHEMENAUR, JAMES A.	13327 U.S. 19 NORTH	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

Date

Print or Stamp

CR2E034 (12/95)