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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90093 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09371

1. Corporation Name
BWI/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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33764 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33764 30

4. FEI Number

84-0856064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **DIANA JERZAK**

82 Street Address (P.O. Box Number is Not Acceptable)
13327 US 19 NORTH

83

84 City **CLEARWATER**

FL

85 Zip Code
33764

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

TITLE **PD** ☐ DELETE
NAME **SCHEMENAU, JAMES A.**
STREET ADDRESS **13327 US 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☒ DELETE
NAME **SCHLIMM, DANIEL J.**
STREET ADDRESS **13327 US 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP** ☐ DELETE
NAME **MCKENDRICK, ROBERT W**
STREET ADDRESS **13327 US 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **BROWN, STUART**
STREET ADDRESS **ATLANTIC STREET**
CITY-ST-ZIP **ALTRINCHAM CHESIR**

TITLE **D** ☐ DELETE
NAME **ASHTON, MICHAEL G.**
STREET ADDRESS **ATLANTIC STREET**
CITY-ST-ZIP **ALTRINCHAM CHESIR**

TITLE **D** ☒ DELETE
NAME **SCHEMENAU, JAMES A.**
STREET ADDRESS **13327 U.S. 19 NORTH**
CITY-ST-ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S T**
2.3 STREET ADDRESS **DIANA JERZAK**
2.4 CITY-ST-ZIP **13327 US 19 NORTH**
CLEARWATER, FL 33764

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

DIANA JERZAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA E. JERZAK 4/27/99

727-535-5502

Date

Daytime Phone #

CR2E034 (11/98)