FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:58

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DOCUMENT # P93000057980 (3)

1. Corporation Name
INSTRUVISION, INC.

Principal Place of Business
1901 MASON AVE
DAYTONA BEACH FL 32117

Mailing Address
1901 MASON AVE
DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1800 W. Int'l. Speedway Blvd.
Suite, Apt. #, etc.
22 Bldg 2 STE A
City & State
23 Daytona Beach FL
Zip 24 32114 Country 25 USA

2a. Mailing Address
26 1800 W. Int'l. Speedway Blvd.
Suite, Apt. #, etc.
27 Bldg 2 STE A
City & State
28 Daytona Beach FL
Zip 29 32114 Country 30 USA

4. FEI Number: 59-3197861 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOCKNEY, RAYMOND E
1901 MASON AVE
SUITE 107
DAYTONA BEACH FL 32117

10. Name and Address of New Registered Agent

81 Name: Alfeo A. Sabay
82 Street Address (P.O. Box Number is Not Acceptable): 100 Bent Tree Drive
83
84 City: Daytona Beach FL 85 Zip Code: 32114

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], Alfeo A. Sabay - President 5/4/95

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 AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	SABAY, ALFEO A	1 2 NAME	Sabay, Alfeo A.
STREET ADDRESS	415 FOX PL	1 3 STREET ADDRESS	100 Bent Tree Drive
CITY ST ZIP	PORT ORANGE FL 32127	1 4 CITY ST ZIP	Daytona Beach, FL 32114
TITLE	SD	2 1 TITLE	☐ Change ☐ Addition
NAME	ARIEL, DONALD K	2 2 NAME	
STREET ADDRESS	922 TIMBERWOOD DR	2 3 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL 32127	2 4 CITY ST ZIP	
TITLE	TD	3 1 TITLE	400001490004
NAME	DONOVAN, DAVID P	3 2 NAME	-05/17/95--01018--021
STREET ADDRESS	352 BENT OAK DR	3 3 STREET ADDRESS	****225.00 ****225.00
CITY ST ZIP	PORT ORANGE FL 32127	3 4 CITY ST ZIP	
TITLE	VD	4 1 TITLE	☐ Change ☐ Addition
NAME	HOCKNEY, RAYMOND E	4 2 NAME	
STREET ADDRESS	1406 KERRY CT	4 3 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL 32119	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	5-1-95 f.g
CITY ST ZIP		6 4 CITY ST ZIP	

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)(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.

SIGNATURE: [signature] 5/4/95 (904) 255-4460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0011864 CP