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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 33

DOCUMENT # P94000043740 (7)

1. Corporation Name
INTERVISION COMMUNICATIONS TECHNOLOGIES, INC.

Principal Place of Business
P.O. BOX 1656
COCOA FL 32923

Mailing Address
P.O. BOX 1656
COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3257051 — 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
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: Perry Douglas West, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1270 Orange Ave
83: Suite A
84 City: Winter Park FL 85 Zip Code: 32789

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 a member of the board of directors or officer) (NOTE: Registered Agent signature required when merging) DATE: 3/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. Director	1.1 TITLE	☐ Change ☐ Addition
NAME	Perry Douglas West	1.2 NAME	
STREET ADDRESS	1270 Orange Ave.	1.3 STREET ADDRESS	
CITY ST ZIP	Winter Park FL 32789	1.4 CITY ST ZIP	
TITLE	VP/Sec. Director	2.1 TITLE	☐ Change ☐ Addition
NAME	Joseph Sambro	2.2 NAME	
STREET ADDRESS	3452 Lake Lynda Dr. Ste 200	2.3 STREET ADDRESS	
CITY ST ZIP	Orlando FL	2.4 CITY ST ZIP	
TITLE	Director	3.1 TITLE	☐ Change ☐ Addition
NAME	Bob Poe	3.2 NAME	
STREET ADDRESS	3452 Lake Lynda Dr. Ste 200	3.3 STREET ADDRESS	
CITY ST ZIP	Orlando, FL 32801	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		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	
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)(k), Florida Statutes. I further certify that the information contained in the 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: Perry Douglas West, Pres. 5/20/95 4076365804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0420234 FP