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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P94000069211 (8)

FILED May 12 1997 8:00am Secretary of State

TECHNOVISION, INC. Principal Place of Business 1100 TECHNOLOGY PLACE #110 WEST PALM BEACH FL 33407 Mailing Address 1100 TECHNOLOGY PLACE #110 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-4634									
						3. Date Incorporated or Qualified 09/20/1994		te of Last F 01/1996	Report
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0534352			pplied For ot Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
22 City & Star 23	te	City & State		,		Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Z _I p 24	Country 25	Zφ 29	30 Co	untry		8. This corporation has liability for		tax under s	
	9. Name and Address of Currer		1001	1		10. Name and Address of New R			
BO	LDT, MANFRED G			81	Name		· · · · · · · ·		
3769 CYPRESS LAKE DRIVE LAKE WORTH FL 33467			82 Street A		Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
				83					
				84	City			85 Zip	Code
				1 1			<u> FL</u>	1 1 1	
office or	registered agont, or both, in the State	and Principle Oracle alternate street						aintmant or	tegistered
agent 1:						poration submits this statement for the tion's board of directors. I hereby acce		OHIMINETIL 28	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	OTE Register	ed Ageni		red when reinstating)	DATE		
		ent and title if applicable (NC	OTE Register	ed Ageni			DATE		
SIGNATURE	Signature, typed or proted name of registered age OFFICERS AN D BOLDT, MANFRED G	ent and title if applicable (NC D DIRECTORS	13.	ed Ageni		red when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. Till!	Signature, typed or pricted name of registered age OFFICERS AN D BOLDT, MANFRED G 3789 CYPRESS LAKE DRIVE	ent and title if applicable (NC D DIRECTORS	TE Registen 13. 1.1 T	ed Agent	it signature requir	red when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-78*	Signature, typed or protect name of registered age OFFICERS AN D BOLDT, MANFRED G	ent and tille if applicable (NC D DIRECTORS DELETE	DTE Registen 13. 1.1 T 1.2 N 1.3 S	ed Ageni TITLE NAME STREET A	t signature requir	red when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS CITY-SI-76* THEE	Signature, typed or pricted name of registered age OFFICERS AN D BOLDT, MANFRED G 3789 CYPRESS LAKE DRIVE	ent and title if applicable (NC D DIRECTORS	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T	ed Agent Title Name Strieet a City-St- Title	t signature requir	red when reinstating)	DATE	DIRECTOR	
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SIGNATURE 12. THE NAME STREEL ADDRESS CITY-ST-78* THE NAME	Signature, typed or pricted name of registered age OFFICERS AN D BOLDT, MANFRED G 3789 CYPRESS LAKE DRIVE	ent and tille if applicable (NC D DIRECTORS DELETE	13. 1.11 1.2N 1.35 1.40 2.11 2.2N 2.35	ed Ageni Title Name Street a City-St- Title Name Street a City-St	ADDRESS -ZIP	red when reinstating)	DATE	DIRECTOR Change	RS IN 12
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SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-74* THE NAME STREET ADDRESS CHY-ST-7IP THE	OFFICERS AN D BOLDT, MANFRED G 3769 CYPRESS LAKE DRIVE LAKE WORTH FL 33467	ent and tille if applicable (NC D DIRECTORS DELETE	DTE Registers 13. 1.11 12. 1.13 1.14 2.11 2.2. 2.3.5 2.41 3.1.1 3.2.	ed Agent TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST	ADDRESS - ZIP ADDRESS 1- ZIP	red when reinstating)	DATE	DIRECT OF Change	Addition Addition
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To nereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this 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 country florida Statutes; and that my name appears in Block 12 or Block 13 I changes, or in institution by the an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (561) 86-7075

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