FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000003194 (4)**

1. Corporation Name
CD VISION, INC.

Principal Place of Business
8048 OLD TOWN DRIVE
ORLANDO FL 32819

Mailing Address
8048 OLD TOWN DRIVE
ORLANDO FL 32819

3. Date Incorporated or Qualified: **01/10/1995**
3a. Date of Last Report:

4. FEI Number: 59-3289694 ☐ 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

2. Principal Place of Business
21 3300 34th ST.
Suite/Apt. #/etc.
22 SUITE 204
City & State
23 ORLANDO, FL
Zip 24 32805 Country 25 USA

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

9. Name and Address of Current Registered Agent

DUNEGAN, RICHARD
128 E LIVINGSTON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1505, 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 I accept the obligations of, Section 607.325, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

PSTD
BERGER, JOACHIM
8048 OLD TOWN DRIVE
ORLANDO FL 32819

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 Title / 2 Name / 3 Street Address / 4 City, St, Zip — ☐ Change ☐ Addition

2 Title / 2 Name / 3 Street Address / 4 City, St, Zip — ☐ Change ☐ Addition

3 Title / 3 Name / 3 Street Address / 4 City, St, Zip — ☐ Change ☐ Addition

4 Title / 4 Name / 4 Street Address / 4 City, St, Zip — ☐ Change ☐ Addition

5 Title / 5 Name / 5 Street Address / 5 City, St, Zip — ☐ Change ☐ Addition

6 Title / 6 Name / 6 Street Address / 6 City, St, Zip — ☐ Change ☐ Addition

14. I 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 added to the report.

SIGNATURE: _____ 1/16/96 Date 407 354 1500 Daytime Phone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)