

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000015575 (0)

1. Corporation Name  
I/O VISION SYSTEMS, INC.



Principal Place of Business  
105 S NARCISSUS AVE  
SUITE 503  
WEST PALM BEACH FL 33401

Mailing Address  
105 S NARCISSUS AVE  
SUITE 503  
WEST PALM BEACH FL 33401-5527

3. Date Incorporated or Qualified  
02/23/1995  
3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0556164

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, HARRY  
500 S AUSTRALIAN AVE  
SUITE 705  
WEST PALM BEACH FL 33401

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME UNRUH, HUGO  
STREET ADDRESS 816 SHORE DR  
CITY-ST-ZIP NORTH PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME UNRUH, PATRICIA  
STREET ADDRESS 816 SHORE DR  
CITY-ST-ZIP NORTH PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME UNRUH, GLORIA  
STREET ADDRESS 6103 MANTLEPIECE CT  
CITY-ST-ZIP BURKE VA 22015

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SMITH, GLENN A  
STREET ADDRESS 6900 COURAGEOUS CIR  
CITY-ST-ZIP BURKE V 22015

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: [Signature] 31 92 (203) 928 1353

CR2E034 (9/96)