

95000058568

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

200001548062
-07/27/95--01079--007
****131.25 ****131.25

SUBJECT: Magna Vision, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Charles J. Fletcher

Name (printed or typed)

c/o Technology General Corporation

Address

12 Cork Hill Road, Franklin, NJ 07416

City, State & Zip

(201) 827-4143

Daytime Telephone number

FAX: (201) 827-2238

95 JUL 27 PM 3:13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WJF 7/31/95

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Charles J. Fletcher, President
Helen S. Fletcher, Secretary/Treasurer

ARTICLE I NAME

The name of the corporation shall be:

Magna Vision, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

326 Troon Court
P. O. Box 703022
New Smyrna Beach, FL 32170

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Common Stock (10 cents par value)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles J. Fletcher
326 Troon Court
P. O. Box 703022
New Smyrna Beach, FL 32170

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

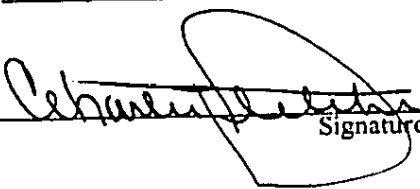
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Charles J. Fletcher
326 Troon Court
P. O. Box 703022
New Smyrna Beach, FL 32170

Helen S. Fletcher
7 Valley Road
Sparta, NJ 07871

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of July, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Napco Vision, Inc.

2. The name and address of the registered agent and office is:

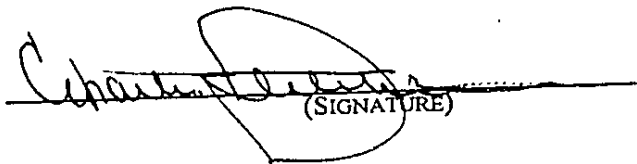
Charles J. Fletcher
(NAME)

326 Troon Court
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

New Smyrna Beach, FL 32069
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

July 20, 1995
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996

DOCUMENT # P95000058568 (3)

MAGNA VISION, INC.



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Division of Corporations

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business: 326 TROON COURT
NEW SMYRNA BEACH FL 32170
Mailing Address: P.O. BOX 703022
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business: 26. Mailing Address:
21. State, Apt. #, etc.: 26. State, Apt. #, etc.:
22. City & State: 27. City & State:
23. Zip: 28. Country: 29. Zip: 30. Country:

3. Date for corporation or qualified: 07/27/1995
3a. Date of Filing Report: N/A
4. FID Number: 59-3336392
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes ☒ No

9. Name and Address of Current Registered Agent:
FLETCHER, CHARLES J
326 TROON COURT
NEW SMYRNA BEACH FL 32170

10. Name and Address of New Registered Agent:
01. Name:
02. Street Address (P.O. Box Number is Not Acceptable):
03. City:
04. State: FL 05. 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, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles J. Fletcher
DATE: 11/22/96

12. OFFICERS AND DIRECTORS
1. TITLE: PRES
NAME: CHARLES J. FLETCHER
STREET ADDRESS: 326 TROON CT NEW SMYRNA BEACH FL 32170
CITY-STATE-ZIP: 32170
2. TITLE: SECRETARY
NAME: HELEN S. FLETCHER
STREET ADDRESS: 7 VALLEY RD
CITY-STATE-ZIP: SPARTA N.J. 07871
3. TITLE: JEREMY C. FLETCHER
NAME: JEREMY C. FLETCHER
STREET ADDRESS: 7 VALLEY RD
CITY-STATE-ZIP: SPARTA N.J. 07871
4. TITLE: VICE PRES.
NAME: VICE PRES.
STREET ADDRESS: VICE PRES.
CITY-STATE-ZIP: VICE PRES.
5. TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-STATE-ZIP: DELETE
6. TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-STATE-ZIP: DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-STATE-ZIP:
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-STATE-ZIP:
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-STATE-ZIP:
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-STATE-ZIP:
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-STATE-ZIP:
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-STATE-ZIP:

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-12/04/96--01120--021
***375.00 ***375.00

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Charles J. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96 2:01 527 4143
Date Daytime Phone #