P95000058568

TRANSMITTAL LETTER

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

200001548052
-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

FILED
95 JUL 27 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

FILED
95 JUL 27 PM 3:13

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

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: Magna 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)

FILED
95 JUL 27 PM 3:13
SECRETARY OF STATE
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 $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

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

FILED
96 DEC -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

DOCUMENT # P95000058568 (3)

MAGNA VISION, INC.

REINSTATEMENT

Principal Place of Business
326 TROON COURT
NEW SMYRNA BEACH FL 32170

Mailing Address
P.O. BOX 700022
NEW SMYRNA BEACH FL 32170

3. Date Incorporated or Qualified: 07/27/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-3336392 — 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 | 22 | 23 | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 | 28 | 29 Zip | 30 Country

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
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 [illegible] 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] CHARLES J FLETCHER DATE: 11/22/96
(Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CHARLES J FLETCHER 326 TROON CT NEW SMYRNA BEACH FL.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HELEN S FLETCHER 7 VALLEY RD SPARTA N.J. 07871	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEFFREY C FLETCHER 7 VALLEY RD SPARTA NJ 07871	VICE PRES. ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	100002020221--3 -12/04/96--01120--021 ****375.00 * **375.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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: [signature] 9/17/96 201 827 4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles J. Fletcher

0131561 FP