

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000030438 (1)

1. Corporation Name
ID VISION, INC.

Principal Place of Business

507 NW 39 ROAD #235
GAINESVILLE FL 32607

Mailing Address

507 NW 39TH RD
STE #235
GAINESVILLE FL 32607
US

2. Principal Place of Business

21 3230 SW Archer Road

Suite, Apt. #, etc.

22 E-123

City & State

23 Gainesville, Florida

Zip

24 32608

Country

25 USA

2a. Mailing Address

26 3230 SW Archer Road

Suite, Apt. #, etc.

27 E-123

City & State

28 Gainesville, Florida

Zip

29 32608

Country

30 USA

9. Name and Address of Current Registered Agent

WANG, SHARON
507 NW 39 ROAD #235
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

59-3380797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

WANG, SHARON

82

Street Address (P.O. Box Number is Not Acceptable)

3230 SW Archer Road, Suite E-123

83

84

City

Gainesville

FL

85

Zip Code
32608

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

TITLE ☒ DELETE

NAME
WANG, SHARON
STREET ADDRESS
507 NW 39 ROAD #235
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☒ DELETE

NAME
CHEN, GARY
STREET ADDRESS
507 NW 39 ROAD #235
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
V/S
WANG, SHARON
1.3 STREET ADDRESS
3230 SW Archer Road, E-123
1.4 CITY-ST-ZIP
Gainesville, FL 32608

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
P/T
CHEN, GARY
2.3 STREET ADDRESS
3230 SW Archer Road, E-123
2.4 CITY-ST-ZIP
Gainesville, FL 32608

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address.

SIGNATURE

CR2E034 (10/97)