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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

P96000048145 (2)

TEK VISION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 20443 WEST PALM BEACH FL 33416	841 BARNETT <b>DR</b> IVE LAKE WORTH FL 33461

## FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR 65-0679120 60 Boy godys 21 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing West Palm Beach 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Florida **1**€ Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CASH, ORTHNELL 11193 N. 49TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 City 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 Liorida. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typicd or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. 13. PST Addition **✓** Change TITLE **PDTC** DELETE 1.1 TITLE CASH, ORTHNELL NAME 1.2 NAME 11193 NO 49TH ST STREET ADDRESS 1.3 STREET ADORESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BLANK, BYRON NAME 2.2 NAME **6851 FORREST STREET** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP

14. 1 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 DEMINER CASH

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