

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90015 008 ***150.00

CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 96 0000 48145

1. Corporation Name

TEK VISION, INC.

Mailing Address: P.O. Box 20443, West Palm Beach Fla 33416
 Principal Place of Business: P.O. Box 20443, West Palm Beach, Fla 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1996
 3a. Date of Last Report: 1996
 4. FEI Number: 65-0679120
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election of Corporate Taxation: **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

CASH, Othnell
 1193 N. 49th Street
 Royal Palm Beach Fla 33411

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 Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Signature of president, name of registered agent and title of agent of the corporation Registered Agent Signature (must attach registration) DATE

12. OFFICERS AND DIRECTORS

11 TITLE	CD PST
12 NAME	CASH, Othnell
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. OFFICERS AND DIRECTORS

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 607 or 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]* - President 30 Apr 2001 561 458-5716