

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90237 028 ***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
TEKVISION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01 Jun 1996	3a. Date of Last Report 2001
4. FEI Number 65-0679120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Electronic Filing Fee \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Mailing Address P. O. Box 5358 Suite, Apt. #, etc.	2a. Principal Place of Business 510 Business Parkway, Suite, Apt. #, etc.
22. City & State Lake Worth, Florida	27. City & State Suite I
23. Zip 33466-5358	28. Zip 33411
25. Country U.S.A.	30. Country U.S.A.

9. Name and Address of Current Registered Agent

Orthnell CASH
11193 North 49th Street
Royal Palm Beach, Florida 33411

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE: _____

OFFICERS AND DIRECTORS

11. TITLE CD PST	12. NAME Orthnell CASH
13. STREET ADDRESS 11193 North 49th Street	14. CITY - ST - ZIP Royal Palm Beach, Florida 33411
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 (REPEAT)	
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

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 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: *Orthnell Carl* Pres. 27 Apr 2002 561-790-4164