## 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 # 1. Corporation Namo

P97000053450 (7)

N-VISION, INC.

## **FILED** May 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
1912 NE 16TI		1912 NE 16TH TERRACE			
FORT LAUDERDALE FL 33004		FORT LAUDERDALE FL 33004			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					06/17/1997
2. Principal P	2a. Mailing Address			4. FEI Number Applied For	
21 3455	1 3455 HE 12 TERRACE 26 3455 HE 12 7			NCE	65-0769852 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
	T <b>E</b> 5	SUITE 5		····	Fee Required
City & State 23 FORT	LAUDERDALE FL	28 FORT LAUD	City & State FORT LAUDERDALE FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Z(p)	Country		Trust Fund Contribution LJ Added to Fees  8. This corporation owes or has paid the current year Intangible
24 3333		4225V		ÍSA -	Personal Property Tax due June 30. Yes You
	9. Name and Address of Current				10. Name and Address of New Registered Agent
DE SMET, EDDY 81 Name					е
1912 NE 16TH TERRACE			82	Stree	et Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33004				}	Tribulado (1.0. 23K) sambar la 110(7.000patho)
			83	1	
			84	City	85 Zip Code
44.6				<u>L .</u>	FL!   333 <i>05</i>
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 profetor came of registered agent and titic if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ū	DELETE	11 TITLE		Change Addition
NAME	DE SMET, EDDY		1.2 NAME		
STREET ADDRESS	1912 NE 16TH TERRACE		1.3 STREE	1 ADDRESS	;
CITY-ST-ZIP	FORT LAUDERDALE FL 33004		1.4 Cft Y -	\$T - ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			•	T ADDRESS	3
CITY-ST-ZIP TITLE	ST-ZIP DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	Decene		3.2 NAME		El Charge Es Machigan
STREET ADDRESS				T ADDRESS	,
CITY-ST-ZIP			3.4. CITY-		
TITLE			4.1 TITLE	01 EII	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE	DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP		DECETE	5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME OTDEET ADDRESS	į.		6.2 NAME		
STREET ADDRESS				T ADDRESS	' <b> </b>
CITY-ST-ZIP	certily that the information supplied with	this filing does not qualify for	64 CITY-		ted 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 altachment with an address.					