


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000047481</b> 1. Corporation Name <b>SECURITY VISION INC.</b>			
Principal Place of Business 14201 SW 20 ST. DAVIE FL 33325		Mailing Address 14201 SW 20 ST. DAVIE FL 33325	
2. Principal Place of Business 21 14201 S.W. 20th St Suite, Apt. #, etc.		2a. Mailing Address 26 14201 SW 20th St Suite, Apt. #, etc.	
22 City & State 23 DAVIE, FL		27 City & State 28 DAVIE, FL	
24 Zip 33325		29 Zip 33325	
25 Country USA		30 Country USA	
9. Name and Address of Current Registered Agent WINTER, WARREN 14201 SW 20 ST. DAVIE FL 33325		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, 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 <u>Robert C. Howard</u> <u>Robert C. Howard</u> <u>7-24-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE P NAME WINTER, WARREN STREET ADDRESS 14201 SW 20 ST. CITY-ST-ZIP DAVIE FL 33325 [ ] DELETE TITLE ST NAME HOWARD, ROBERT C STREET ADDRESS 14201 SW 20 ST. CITY-ST-ZIP DAVIE FL 33325 [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [ ] Change [ ] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [ ] Change [ ] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 on an attachment with an address. SIGNATURE: <u>Robert C. Howard</u> <u>7/24/99</u> <u>(954) 475-8295</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90005 013 \*\*\*\*\*8.75

08-10-1999 90005 014 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

15-71-614046-32

[x] Applied For

[ ] Not Applicable

5. Certificate of Status Desired [x]

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. [ ] Yes [x] No

CR2E034 (5/99)