

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90019 045 ***150.00

0124984

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P980000094847

1. Corporation Name
KIP COGNIVISION, INC

Principal Place of Business
**818 HILO WAY
TALLAHASSEE FL 32308**

Mailing Address
**818 HILO WAY
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

59-3541711

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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 ☒ No

2. Principal Place of Business

21 **806 Jamestown Ct.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **806 Jamestown Ct.**

Suite, Apt. #, etc.

City & State

23 **Tallahassee, FL**

Zip

24 **32303**

Country

25 **USA**

City & State

28 **Tallahassee, FL**

Zip

29 **32303**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BARNES, TRACY
10514 BLUE WING CT
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name

Anthony S. Chow

82 Street Address (P.O. Box Number is Not Acceptable)

806 Jamestown Ct.

83

84 City

Tallahassee

FL

85 Zip Code

32303

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 **Anthony S. Chow, owner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ DELETE

NAME **Tracy Barnes**
STREET ADDRESS **10514 Blue wing Ct.**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President & CEO** ☒ Change ☐ Addition

1.2 NAME **Anthony S. Chow**
1.3 STREET ADDRESS **806 Jamestown Ct.**
1.4 CITY-ST-ZIP **Tallahassee, FL 32303**

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, on an attachment with an address.

SIGNATURE: **Anthony S. Chow**

9/14/99

850.574.2111

CR2E034 (5/99)

September 14th, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: KIP CogniVision, Inc., FEI # 59-3541711

Dear Sir/Madame:

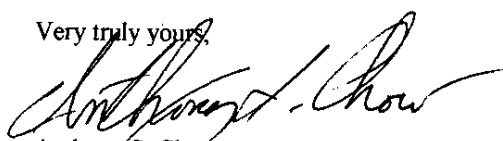
I am writing you this letter in the hopes that you will waive the \$400 late fee associated with the attached filing and associated \$150 in filing fees. My company's circumstance, although unfortunately probably not that unique, has been caused by the failure of our CEO and registered agent, who has since resigned from our company under ill terms, to perform his respective duties. What is most ironic about this situation, and most amazing to me personally, is that this individual is in a high position of leadership within the Florida Department of Revenue. Unfortunately I assumed that he of all people would be respectful and diligent in meeting filing deadlines which is one of the reasons why he was given this responsibility in the first place.

However, be that as it may, he failed to file our 1999 Profit Corporation Annual Report and because of this our filing fee jumped from \$150 to \$550. As a startup company struggling hard to make ends meet this penalty not only seems unduly harsh but actually exceeds the amount of available capital my company has left in its coffers. Although this company constitutes a second job for me on a part time basis I'm well aware of my responsibility to keep up with the appropriate filings necessary to my company in proper standing. I am truly regretful to have to be writing this letter and that my company has not in the past run smoothly enough to remain in good standing.

Because of the above reasons and the fact that this has been my first filing and the first year of my company's existence, I sincerely ask that the State of Florida grant me relief from this very substantial late filing fee. As I have now personally taken over the books, I can ensure that this will never happen again.

Thank you very much for your time and attention in this matter.

Very truly yours,



Anthony S. Chew
Founder, KIP CogniVision, Inc.

498000094847

~~618001-90019-45~~

~~617615-90002-46~~

618001-90019-45