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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V12357

(2)

INVISION DISPLAYS, INC.

Principal Place of Business Mailing Address 4100 N POWERLINE ROAD 4100 N POWERLINE ROAD BLDG. D-3 BLDG D-3 POMPANO BEACH FL 33073-3038 POMPANO BEACH FL 33073 US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1992 04/26/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 3962 NE 5 Terrace 65-0315804 Not Applicable 26 3962 NE 5 Terrace \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be OAKIAND П Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No USA Florida Statutes 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 YOKLEY, RONALD KONALD 7673 PARKVIEW WAY Box Number is Not Acceptable 82 **B3 CORAL SPRINGS FL 33065** 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

STORMATURE

85. Zip Code 33.0.6.5.

In 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code SIGNATURE DATE Signaria: 15g - 3 or printed innine of registered agent and the if applicable (NC)TE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TOTLE TITLE YOKLEY, RONALD 1.2 NAME NAME 7673 PARKVIEW WAY 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 1.4 CITY-ST-ZIP CHY-ST-7IP Change Addition DELETE 2.1 TITLE TITLE YOKLEY, MARILYN 2.2 NAME NAME 7673 PARKVIEW WAY 2.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 2.4 CITY-ST-ZIP O(TY - ST - ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7/2 Change Addition DELETE 4.1 TITLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - \$1 - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I do 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