

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V19958** (0)

1. Corporation Name

MEDI-VISION TECHNOLOGIES INCORPORATED



Principal Place of Business

**881 OCEAN DR
APT 14C
KEY BISCAYNE FL 33149**

Mailing Address

**881 OCEAN DR
APT 14C
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified
03/05/1992

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0316127

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EISENBERG, EMIL
881 OCEAN DR
APT 14C
KEY BISCAYNE FL 33149**

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

(Signature, typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD USHMAN, WAYNE M.**
STREET ADDRESS **2 RODMAN RD**
CITY-STATE-ZIP **WEBSTER MA**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D USHMAN, WAYNE M.**
1.3 STREET ADDRESS **2 RODMAN ROAD**
1.4 CITY-STATE-ZIP **WEBSTER, MA 01570**

TITLE ☐ DELETE
NAME **STD EISENBERG, EMIL**
STREET ADDRESS **881 OCEAN DRIVE, APT 14C**
CITY-STATE-ZIP **KEY BISCAYNE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **TD EISENBERG, EMIL**
2.3 STREET ADDRESS **881 OCEAN DR - APT 14C**
2.4 CITY-STATE-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ DELETE
NAME **D DIAMANT, GREGORY**
STREET ADDRESS **178 EAST 80TH ST., APT 5A**
CITY-STATE-ZIP **NEW YORK FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PSD DIAMANT, GREGORY**
3.3 STREET ADDRESS **178 EAST 80TH ST - APT 5A**
3.4 CITY-STATE-ZIP **NEW YORK, NY 10021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/13/96

CR2E034 (12/95)