

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>19600</b>	2. Name of Corporation <b>INFOKUS, CORP.</b>
3. Street Address Principal Business Office <b>191 Boston Neck Road</b>	City <b>Narragansett</b> State <b>RI</b> Zip <b>02882</b>
4. Business Phone No. <b>831-0200</b>	5. State of Incorporation <b>RHODE ISLAND</b> 6. SIC Code <b>7856</b>

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Photography**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Jodie Sinclair</b>	Vice President Name <b>Rosalyn K. Sinclair</b>
Street Address <b>77 Pond Avenue, Apt. 707</b>	Street Address <b>191 Boston Neck Road</b>
City <b>Brookline</b> State <b>MA</b> Zip <b>02146</b>	City <b>Narragansett</b> State <b>RI</b> Zip <b>02882</b>
Secretary Name <b>Jodie Sinclair</b>	Treasurer Name <b>Alan M. Gilstein</b>
Street Address <b>77 Pond Avenue, Apt. 707</b>	Street Address <b>11 Silent Drive</b>
City <b>Brookline</b> State <b>MA</b> Zip <b>02146</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Jodie Sinclair</b>	Director Name
Street Address <b>77 Pond Avenue, Apt. 707</b>	Street Address
City <b>Brookline</b> State <b>MA</b> Zip <b>02146</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 NO PAR VAL</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/20/99  
Check No.: 2097  
By: JDS

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jodie C Sinclair 2/20/99  
Signature of Officer Date  
JODIE C SINCLAIR  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer