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AND
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95 MAY -1 AM 3:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000017386 (2)

1. Corporation Name
**SENSORS SURVEILLANCE INFORMATION MANAGEMENT SYST
EMS INC.**

Principal Place of Business Mailing Address

**8985 COLUMBIA ROAD
CAPE CANAVERAL FL 32920** **8985 COLUMBIA ROAD
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

03/08/1993 **03/08/1994**

4. FEI Number Applied For

59-3163762 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**

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HOLZHAUSEN, JAMES
8985 COLUMBIA ROAD
CAPE CANAVERAL FL 32920**

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and the date of signature R-0211 Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	HOLZHAUSEN, VANIA F
STREET ADDRESS	8985 COLUMBIA RD
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	ST
NAME	HOLZHAUSEN, JAMES P
STREET ADDRESS	8985 COLUMBIA RD
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	D
NAME	HOLZHAUSEN, NANCY J
STREET ADDRESS	1950 SUNRISE DR
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	D
NAME	HOLZHAUSEN, TERRY J
STREET ADDRESS	1950 SUNRISE DR
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	100001485331
1 4 CITY - ST - ZIP	-05/12/95--01023--009
2 1 TITLE	****233.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - 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 as an attachment with an address.

SIGNATURE: *James Holzhausen* James Holzhausen 3-1-95 (407) 783-6612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)