

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

0121391

98 NOV 12 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT # **P93000017386 (2)**

1. Corporation Name

**SENSORS SURVEILLANCE INFORMATION MANAGEMENT SYST
EMS INC.**

Principal Place of Business
8985 COLUMBIA ROAD
CAPE CANAVERAL FL 32920

Mailing Address
8985 COLUMBIA ROAD
CAPE CANAVERAL FL 32920



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

98

3. Date Incorporated or Qualified

03/08/1993

4. FEI Number

59-3163762

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

HOLZHAUSEN, JAMES
8985 COLUMBIA ROAD
CAPE CANAVERAL FL 32920

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

James Holzhausen
(NOTE: Registered Agent signature required when reinstating)

11-10-98
DATE

12. OFFICERS AND DIRECTORS

TITLE PVP
NAME HOLZHAUSEN, VANIA F
STREET ADDRESS 8985 COLUMBIA RD
CITY-ST-ZIP CAPE CANAVERAL FL
☒ DELETE

TITLE ST
NAME HOLZHAUSEN, JAMES P
STREET ADDRESS 8985 COLUMBIA RD
CITY-ST-ZIP CAPE CANAVERAL FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
500002689515
-11/17/98-01061-009
*****8.75 *****8.75

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
500002689515
-11/17/98-01061-010
***750.00 ***750.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: James Holzhausen
Signature, typed or printed name of registered agent and title if applicable.

8-5-98 407/783-6612
Date

CR2E034 (5/98)