

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000085505 (3)**

1. Corporation Name
SENSORPHYSICS, INC.



Principal Place of Business: **105 KELLEYS TRAIL, OLDSMAR FL 34677, US**
Mailing Address: **105 KELLEYS TRAIL, OLDSMAR FL 34677, US**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **11/23/1994**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-3281568**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MARQUARDT, STEPHANIE, 911 CHESTNUT ST, CLEARWATER FL 34616**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) 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. Thereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.09(5), Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Signature]*

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	FORREST, GARY T	
3. STREET ADDRESS	105 KELLEYS TRAIL	
4. CITY, STATE, ZIP	OLDSMAR FL 34677	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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. I am an officer or director of the corporation or the receiver or trustee or person in power 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]* DATE: **1/20/96** **8137814240**
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)