

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:45

DOCUMENT # 409079 (1)

1. Corporation Name

ELECTRONIC DETECTION SYSTEMS, INC.

Principal Place of Business

12540 S.W. 112 AVE.
P.O. BOX 397
MIAMI FL 33176

Mailing Address

12540 SW 112 AVE
P.O. BOX 397, N/A
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/19/1972	3a. Date of Last Report 01/20/1994
4. FEI Number 59-1418494	Applied For Not Applicable
5. Certificate of Status Desired ☒ L	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 198.03, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

WEST, PAUL
12540 S.W. 112TH AVENUE
MIAMI FL 33176

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL 05 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 and that of corporation (if different) (Signature of Agent is required if agent is changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, ATTORNEYS IN FIDELITY	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	WEST, PAUL	12. NAME	
STREET ADDRESS	12540 S.W. 112TH AVENUE	13. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14. CITY, ST, ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	WEST, PATRICIA	22. NAME	
STREET ADDRESS	12540 S.W. 112TH AVENUE	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 191.02(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 in person; 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, with an attached and with an address.

SIGNATURE:

Paul West
PAUL WEST
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95

305-258-6570