## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 409079

(1)

**ELECTRONIC DETECTION SYSTEMS. INC.** 

Principal Place of Business Mailing Address 12540 8.W. 112 AVE. 12540 SW 112 AVE P.O.BOX 397 P.O. BOX 397, N/A MIAMI FL 33176 MIAM! FL 33176



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>09/19/1972</u> 02/08/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-1418494 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEST, PAUL 12540 S.W. 112TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)

**MIAMI FL 33176** 83 84 City Zip Code 85

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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 TITLE Addition **WEST, PAUL** NAME 1.2 NAME 12540 S.W. 112TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP D DELETE TITLE Change Addition: 2.1 TITLE WEST, PATRICIA NAME 2.2 NAME 12540 S.W. 112TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE TITLE 4.1 TITLE Addition 900002245589--4 NAME 4.2 NAME 15 . STREET ADDRESS 4.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 CITY-ST-ZIP 4.4 CITY - ST ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2 5.4 CITY - ST- ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS Strail Suga CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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 angular report or supplemental annual topon is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is a statute or the receiver or instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(4/97)