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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F40043** (4)

1. Corporation Name
INTELLIGENT SENSORS, INC.



Principal Place of Business
**26 COUNTRY CLUB ROAD
COCOA BEACH FL 32931**

Mailing Address
**26 COUNTRY CLUB ROAD
COCOA BEACH FL 32931-3002**

3. Date Incorporated or Qualified
06/03/1981

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

59-2111062

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYAN, AVRON
26 COUNTRY CLUB ROAD
COCOA BEACH FL 32931**

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MANNO, EUGENE**
STREET ADDRESS **821 FOX LANE**
CITY-ST-ZIP **SAN JOSE CA**

TITLE **D** ☐ DELETE

NAME **SHEA, THOMAS**
STREET ADDRESS **P.O. BOX 1240 N/A**
CITY-ST-ZIP **BODEGA BAY CA**

TITLE **SD** ☐ DELETE

NAME **SHELDON, G. WILLIAM**
STREET ADDRESS **2033 N MAIN ST #420**
CITY-ST-ZIP **WALNUT CREEK CA**

TITLE **PD** ☐ DELETE

NAME **BRYAN, AVRON**
STREET ADDRESS **26 COUNTRY CLUB ROAD**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE **D** ☐ DELETE

NAME **CUSHMAN, MICHAEL**
STREET ADDRESS **28 PULPIT LANE**
CITY-ST-ZIP **KINGSPORT TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Avron Bryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AVRON BRYAN PRES.

3/3/97 (407) 799-0559
Date Daytime Phone #

0109184

CP2E034 (9/96)