SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 PM 12:06

DOCUMENT # F93000000760 (9)

1. Corporation Name
INTERNATIONAL TELEVISION, INC.

Principal Place of Business	Mailing Address
4380 N.W. 128TH STREET OPA LOCKA FL 33054	4380 N.W. 128TH STREET OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1993
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21: 10360 USA Today Way
22: Suite, Apt. #, etc.
23: City & State: Miramar, FL
24: Zip: 33025
25: Country: Broward

2a. Mailing Address
26: 10360 USA Today Way
27: Suite, Apt. #, etc.
28: City & State: Miramar, FL
29: Zip: 33025
30: Country: Broward

4. FEI Number: 65-0397607 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	GRANIER, MARCEL	12 NAME	
STREET ADDRESS	4380 N.W. 128TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, WILLIAM G	22 NAME	
STREET ADDRESS	4380 NW 128TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	XIX Change ☐ Addition
NAME	BERGER, M A	32 NAME	Left company has not been replaced (M.A. Berger)
STREET ADDRESS	4380 NW 128TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	LOVERA, MARCO	42 NAME	
STREET ADDRESS	4380 NW 128TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PAEZ, ANTONIO	52 NAME	
STREET ADDRESS	4380 NW 128TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CARRERA, PEDRO	62 NAME	
STREET ADDRESS	4380 NW 128TH STREET	63 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(k), 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: William Granier 06/12/95 (305) 452-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025724 CR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

SECRETARY OF STATE FILED

DOCUMENT # F93000000795 (5)

1. Corporation Name

COASTAL ENGINEERING SERVICES, INC.

Principal Place of Business	Mailing Address
391 BERKSHIRE DR. POST OFFICE BOX 10 RIVA MD 21140-0010	391 BERKSHIRE DR. POST OFFICE BOX 10 RIVA MD 21140-0010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1008 E. RIVIERA BLVD
Suite, Apt. #, etc. 22:
City & State 23: OVIEDO FL
Zip 24: 32765 County 25: SEMINOLE

2a. Mailing Address
26: 1008 E. RIVIERA BLVD
Suite, Apt. #, etc. 27:
City & State 28: OVIEDO FL
Zip 29: 32765 County 30: SEMINOLE

4. FEI Number: 52-1765390 ☐ 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

KEIFER, ORION P. PE
105 RITA RAE LANE
JACKSONVILLE BCH FL 32250

10. Name and Address of New Registered Agent

91 Name: THOMAS C. BODDORFF, P.E.
92 Street Address (P.O. Box Number is Not Acceptable): 1008 E. RIVIERA BLVD
93:
94 City: OVIEDO FL 95 Zip Code: 32765

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] PRESIDENT (THOMAS C. BODDORFF) 6/13/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE		☐ Change ☐ Addition
NAME	BODDORFF, THOMAS C	12 NAME		
STREET ADDRESS	391 BERKSHIRE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	RIVA MD 21140	14 CITY-ST-ZIP		
TITLE	DVC	21 TITLE		☐ Change ☐ Addition
NAME	BODDORFF, JAMES R	22 NAME		
STREET ADDRESS	36 HARVEST LANE	23 STREET ADDRESS		
CITY-ST-ZIP	WEST GROVE PA 19390	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	BODDORFF, TERRI R	32 NAME		
STREET ADDRESS	391 BERKSHIRE DR.	33 STREET ADDRESS		
CITY-ST-ZIP	RIVA MD 21140	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	KEIFER, ORION P	42 NAME	JAMES R. BODDORFF	
STREET ADDRESS	105 RITA RAE LANE	43 STREET ADDRESS	36 HARVEST LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	44 CITY-ST-ZIP	WEST GROVE PA 19390	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	RICH, HENRI	52 NAME		
STREET ADDRESS	19 PLEASURE RD.	53 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA 17601	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: [signature] THOMAS C. BODDORFF 6/13/95 407-365-0885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0179561 FN