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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State* * DIVISION OF CORPORATIONS

FILED

Sep 08 1997 8:00am

Secretary of State

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SAFEGATE AIRPORT SYSTEMS. INC.

Principal Place of Business Mailing Address 3700 NW 124TH AVE. SUITE 135 3700 NW 124TH AVE. SUITE 135 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-2433 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0303945 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🔲 Yes 🔣 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SARAGA, ROBERT S ESO Michael H. Leeds 150 E. PALMETTO PARK RD, SUITE 435 Street Address (P.O. Box Number is Not Acceptable)
Blank Rome Comisky & McCauley **B2 BOCA RATON FL 33432** 83 1401 Forum Way, Suite 700 84 33401 West Palm Beach 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, by 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 pool the obligation of Section 607.0505, Florida Statutes. 8126191 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change Addition DELETE 1.1 TITLE TITLE OSSEIRAN, SALAH N NAME 1.2 NAME PQ BOX 86892 (N/A) 1.3 STREET ADDRESS STREET ADDRESS RIYADH, SAUDI ARABIA 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE SOUBRA, MAHMOUD 2.2 NAME NAME 3700 NW 124TH AVE, SUITE 135 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE SOUBRA, FADI NAME 3.2 NAME 8805 NW 18TH ST 3.3 STREET ADORESS STREET ADDRESS **CORAL SPRINGS FL 33071** 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Ac dition DELETÉ TITLE 4.1 TITLE **BUTTZ, WILLIAM** NAME 4. 2 NAME 37 SCHOOL HOUSE RD 4.3 STREET ADDRESS STREET ADDRESS **CHURCHVILLE PA 18966** CITY - ST - ZIP 4.4 CITY-ST-ZIP Change DELETE Acdition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP 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.