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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700004679 (3)

SCREENING SYSTEMS, INC.

## FILED May 19 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 6278 N. FEDERAL HWY. SUITE 512 6278 N. FEDERAL HWY. SUITE 512 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-4159373 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Z(p)8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAULER, DELORES J 81 3051 NE 47TH CT #110 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 63 84 City 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 Storature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 THUE MAULER, DELORES J 12 NAME 3051 NE 47TH CT #110 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33308 1.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 THE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 300002529093 NAME 5.2 NAME -05/19/98--01053--033 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change 6.1 FITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-S1-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with this hiting 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 truston 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

BIONATURE OF PART OF MAN POLITICALINA

4/27/98 951,489