FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

(8)

1. Corporation Name SENSOR SOURCE INTERNATIONAL, INC.

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1728 KNAMTHALD 13706 1228 KNAMTHALD 13704 KNAMTHALD	Principal Place o	of Business	-								
TREASURE ISLAND FL 33006 TREASURE ISLAND FL 33006 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. F. Fill Plantace 3. Suite, April A, etc. 3. Suite, April A, etc. 4. Fill Plantace 5. Suite, April A, etc. 6. Election Company Francing 7. Suite, April A, etc. 7. Suite Country 7. Suite Co											
2. Principal Place of Business 2. Amiling Address 3. Eff Notice 59-2365 140					33706			3. Date Incorporated or Qualified	*		*
Specific Properties								11/21/1983	03	3/20/199	15
Substance Subs	2. Principal Plac	ce of Business	2a. Mailing	g Address						├	
Size State								59-2305 140			
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28 27 29 20 29 30 30 30 30 30 30 30 3				State		– –		6. Election Campaign Financing		\$5.0	May Be
Zp			F-m ′	Diano				Trust Fund Contribution			
Section Sect		Country			Co	untry		8. This corporation has liability for	intangible t	ax under s	199.032,
GOSS, JACK 12796 KINGFISH BLVD. TREASURE ISLAND FL 33706 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 Unitarying as registered agent, or both, in the State of Foods. Such crange was submitted by the corporation submits this statement for the purpose of Jungfier 1 and					30	т—				Agent	
Book Special Control Book Boo		9. Name and Address of Curre	ent Registered /	Agent		21	Manue	10. Name and Address of New	registered	Agent	
12795 KINGFISH BLVD. TREASURE ISLAND FL 33706 83						01					
TREASURE ISLAND FL 33706 83						82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
Beautiful Control Beau						83					
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 officing registered agent, or both, in the State of Forda. Such change was submitted by the corporation's board of directions. Thereby account the appointment as negistered agent, and the state of Forda. Such change was submitted by the corporation's board of directions. Thereby account the appointment as negistered agent, and the state of Forda. Such change of Adolescent the Such appointment as negistered agent, and the state of Forda Statutes. 12. OFFICERS AND DIRECTORS 13. AEXITIONS/CLIANGES TO OFFICERS AND DIRECTORS IN 12. 14. In the state of Forda Statutes and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes. The state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negistered agent, and the state of Forda Statutes appointment as negiste	INEASUR	E ISLAND FL 33700								05 7	in Code
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TILE	<u></u>			;			d signature red	piled when rendamy ADOITIONS/CHANGES TO OF			
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	appears in	n Block 12 or Block 13 if changed,	or on an attachm	iena with an at	JUI 633.						
certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial my signature. certify 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.	10		Im 1	500.0				7-2-9/9	<i>(</i>	544	11118

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