## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| D | OC.    | UM | ENT    | #  | G82         |
|---|--------|----|--------|----|-------------|
| _ | $\sim$ | ~  | _, , , | ,, | <b>U</b> U2 |

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| 1. Corporation  | VIEN I # G8251<br>ING SYSTEMS INTERNATION                                    | ( 1884) 858 (1818 NAG) 91101 (1818   | s Siāl Siāki Giāki ākāki ākāki ākāki graju regi |   |  |  |  |  |
|---|--|--|---|---|--|--|--|--|
| Principal Place   | of D. sinoso   | A de la constant de l |   |   |  |  |  |  |
| Principal Place   |  | Mailing Address  |   |   |  |  |  |  |
| 550 S.W. 12<br>BUILDING 4   | AVENUE<br>BEACH FL 33442   | 550 S.W. 12 AVENUE<br>BUILDING 4   | D0440   |   |  |  |  |  |
| DEENFIELD &   | DENOTI FL 33492  | DEERFIELD BEACH FL :   | 33442   | 3. Date Incorporated or Qualified   | 3a. Date of Last Report  |  |  |  |
| 2 Dringing Dia  | on of Diviness   | 130 143  |   | 01/31/1984  | 04/27/1995   |  |  |  |
| 21 2 2 2  | 10 NE 62 CT  | 2a. Mailing Address<br>26 22 0 1   | YE 620  | 4. FEI Number 59-2406072  | Applied For Not Applicable   |  |  |  |
| Suite, Apt. #   | ŧ, etc.  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |  |  |  |
| City & State  | Laud Fla   | City & State   |   | 6. Election Campaign Financing  | \$5.00 May Be  |  |  |  |
| 23 FT. L(N) / 10 28 FT. L   |  |  | Coupp,  | Trust Fund Contribution  8. This corporation has liability for i  | Added to Fees  |  |  |  |
| 24 333  | 9. Name and Address of Curren  | 29 333 06  | 30 Brown  |   | □ No   |  |  |  |
|   | 5. Name and Address of Current   | t Negistered Agent   | 81 Name   | 10. Name and Address of New H   | egistered Agent  |  |  |  |
|   | DAVID T.   |  | 82 Street Addr                                  | ess (P.O. Box Number is Not Acceptab  | (C 90 1)   |  |  |  |
|   | /. 12TH AVENUE   |  | 63  | -240 NE 62  | C)   |  |  |  |
| BUILDIN   | ig 4<br>ELD Beach Fl 33442   |  |   |   | ·  |  |  |  |
| ULLI'II K   | LED DENOTITE SOTTE   |  | B4 Oity   | T LOUD,   | FL 85 Zip Code 23 0 8  |  |  |  |
| 11. Pursuant to<br>or registere   | o the provisions of Sections 607.0502 agent, or both, in the State of Florid | and 607.1508, Florida Statutes   | , the above-named corpor                        | ation submits this statement for the pur<br>d of directors. I hereby accept the appo  | pose of changing its registered office                                 |  |  |  |
| Id: Hildi Will  | h, and acces the obligations of Section                                      | on 607.0505, Franda Statites   | ,         | the chief thought the appe  | 4/8/91   |  |  |  |
| SIGNATURE   | Signature, typics or printed name of registered against                      | and the manipulation   | Registered Agent signature respired             | ewhen renetating  | 1/0/10   |  |  |  |
| 12.   | OFFICERS AND   | DIRECTORS DELETE   | 13.   | ADDITIONS/CHANGES TO OFF  |  |  |  |  |
| NAME  | PD<br>Bregoff, Donald L.   |  | 1 1 1/1LE<br>1 2 NAME                           |   | Change Addition  |  |  |  |
| STREET ADDRESS  | 2240 N.E. 62ND CT.   |  | 1.3 STREET ADDRESS                              |   |  |  |  |  |
| CITY-ST-ZIP   | FT. LAUDERDALE FL  |  | 1.4 CITY - ST - ZIP                             |   |  |  |  |  |
| TITLE   |  | ☐ DELETE   | 2 1 TITLE                                       |   | Change Addition  |  |  |  |
| NAME  |  |  | 2 2 NAME  |   |  |  |  |  |
| STREET ADDRESS  |  |  | 2.3 STREET ADDRESS                              |   |  |  |  |  |
| CHY-ST-ZIP<br>TITLE   |  | DELETE   | 2 4 CITY - SI - ZIP<br>3 1 TITLE                |   | Change Addition  |  |  |  |
| NAME  |  | П ветен  | 3 2 NAME  |   | Change Addition  |  |  |  |
| STREET ADDRESS  |  |  | 33 STREET ADDRESS                               |   |  |  |  |  |
| CITY - ST - ZIP   |  |  | 3 4 CITY - ST - ZIP                             |   | İ  |  |  |  |
| TITLE   |  | ☐ DÉLETE   | 4 1 TITLE                                       |   | Change Addition  |  |  |  |
| NAME  |  |  | 4.2 NAME  |   |  |  |  |  |
| STREET ADDRESS  |  |  | 4.3 STREET ADDRESS                              |   |  |  |  |  |
| CITY-ST-ZIP   |  |  | 4.4 Ci1Y - ST - ZIP                             |   |  |  |  |  |
| TITLE   |  | ☐ DELETE   | 5 1 TRILE ,                                     | 400001 79<br>-04/22/96010   | Addition   |  |  |  |
| NAME  |  |  | 5.2 NAME +                                      |   | 114U24   |  |  |  |
| STREET ADDRESS  |  |  | 5.3 STREET ADDRESS                              | ***200.00   |  |  |  |  |
| CITY - ST - ZIP   |  |  | 5 4 CITY - ST - ZIP                             | M   |  |  |  |  |
| TITLE   |  | ☐ DELETE   | 6 1 THE   |   | Change Addition  |  |  |  |
| NAME  |  |  | 6.2 NAME  |   | 1.0-96   |  |  |  |
| STREET ADDRESS  |  |  | 6 3 STREET ADDRESS                              |   | 4-19-70  |  |  |  |
| 14. Ldo hereby  | certify that the information supplied w                                      | vith this filing is voluntarily furnis'  | 64 CTY-ST-ZIP<br>hed and does not qualify fi    | or the exemption stated in Section 1197   | 07(3)(k) Florida Statistos I further                                   |  |  |  |
| oatn; that i  | am an officer or director of the corpor                                      | ration or the receiver or trustee (  | empowered to execute this                       | or the exemption stated in Section 119.0<br>te and that my signature shall have the s<br>s report as required by Chapter 607, Fic | same legal effect as if made under<br>orida Statutes; and that my name |  |  |  |
| appears in  | Block 12 or Block 13 if changed, or  | o an attachment with amaddres  | s. IIn  |   |  |  |  |  |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR |  |  |   |   |  |  |  |  |