FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 31 PM 1:55

DOCUMENT # J38802 (1)

1. Corporation Name
PSI INDUSTRIES, INC.

Principal Place of Business
% DOMINICK M. SEMINARA
6468 E ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address
% DOMINICK M. SEMINARA
6468 E ROGERS CIRCLE
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 10/20/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2736501 ☐ 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
SEMINARA, DOMINICK M.
6468 E ROGERS CIRCLE
BOCA RATON FL 33487

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 _____
Signature, typed 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	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	SEMINARA, DOMINICK M.	1.2 NAME	
STREET ADDRESS	2599 NW 63RD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	33487
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	SEMINARA, CAROL J.	2.2 NAME	
STREET ADDRESS	2599 NW 63RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33487
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	VIETTI, DEBORAH A.	3.2 NAME	
STREET ADDRESS	~~320 GOLF BROOK CIRCLE~~	3.3 STREET ADDRESS	19274 Redbonny CT
CITY-ST-ZIP	~~LONGWOOD FL~~	3.4 CITY-ST-ZIP	Boca Raton FL 33498
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	SEMINARA, LISA A.	4.2 NAME	
STREET ADDRESS	~~320 PLAZA REAL #603~~	4.3 STREET ADDRESS	711 ST. Albans Dr.
CITY-ST-ZIP	~~BOCA RATON FL~~	4.4 CITY-ST-ZIP	Boca Raton FL 33486-1511
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	VIETTI, MIRCO	5.2 NAME	
STREET ADDRESS	~~320 GOLF BROOK CIRCLE~~	5.3 STREET ADDRESS	19274 Redbonny CT
CITY-ST-ZIP	~~LONGWOOD FL~~	5.4 CITY-ST-ZIP	Boca Raton FL 33498
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Dominick M. Seminara Pres/CEO 1/26/95 407 892-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0270400 CP