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# FILED
# Apr 08 1997 8:00am
# Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J41337** **(3)**

1. Corporation Name
**VELOX SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BERNARD PIACENTI<br>3745-B NORTH NOVA ROAD<br>PORT ORANGE FL 32119-4282 | C/O BERNARD PIACENTI<br>3745-B NORTH NOVA ROAD<br>PORT ORANGE FL 32119-4233 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 3745 Nova Rd<br>Suite, Apt. #, etc.<br>22 Ste B<br>City, State<br>23 Port Orange FL<br>Zip 24 32119 Country 25 | 2a. Mailing Address<br>26 3745 Nova Rd<br>Suite, Apt. #, etc.<br>27 Ste B<br>City, State<br>28 Port Orange, FL<br>Zip 29 32119 Country 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/03/1986 | 3a. Date of Last Report: 07/22/1996 |
| 4. FEI Number: 59-2743697 | ☐ 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**

PIACENTI, BERNARD
3745-B NORTH NOVA ROAD
PORT ORANGE FL 32019

**10. Name and Address of New Registered Agent**

81 Name: Angelo Buquicchio
82 Street Address (P.O. Box Number is Not Acceptable): 3745 Nova Rd, Ste. B
83
84 City: Port Orange FL 85 Zip Code: 32119

**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] Angelo Buquicchio, Pres/Owner 3-31-97
Signature of or 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 | VD | ☐ DELETE | 1.1 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | BUQUICCHIO, ANGELO | | 1.2 NAME | Buquicchio, Angelo | |
| STREET ADDRESS | 3745-B NO. NOVA RD. | | 1.3 STREET ADDRESS | 3745 Nova Rd, Ste A | |
| CITY-ST-ZIP | PORT ORANGE FL | | 1.4 CITY-ST-ZIP | Port Orange, FL. 32119 | |
| TITLE | V | ☒ DELETE | 2.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | PIACENTI, BERNARD | | 2.2 NAME | Buquicchio, Frank | |
| STREET ADDRESS | 3745-B N. NOVA ROAD | | 2.3 STREET ADDRESS | 3745 Nova Rd, Ste A | |
| CITY-ST-ZIP | PORT ORANGE FL | | 2.4 CITY-ST-ZIP | Port Orange, FL. 32119 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

**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 added by an attachment with an address.

**SIGNATURE:** [signature] 3-20-97 (904) 788-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #