SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** J95614 (0)CONTROL SYSTEMS INTERNATIONAL, INC. Mailing Address Principal Place of Business % ALAN R. LOBOU % ALAN R. LOBOU 1761 W. HILLSBOROUGH BLVD. 1761 W. HILLSBOROUGH BLVD. **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 3a. Date of Last Report 3. Date Incorporated or Qualified 10/05/1987 04/21/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 22-2424832 Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zιρ Ζıp Yes No 30 Florida Statutes 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LOBOU, ALAN R. 10673 SANTA LAGUNA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33428** 83 64 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 (NOTE Registered Agent signature required when relevations) Signature, typed or printed name of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 11 TITLE TITLE LOBOU, ALAN R. 1.2 NAME NAME 10673 SANTA LAGUNA DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE DVP TITLE 2 2 NAME LOBOU, DAVID L. 265 N.W. 47TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TOTLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST- ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

64 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)(k). Florida Statutes 1 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 applied in the emporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 of chapter 617 and attachment with an address.

6.2 NAME

6.3 STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 4808714

(36/8)

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