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 APR 11 PM 3:11

DOCUMENT # **K54601** **(5)**

1. Corporation Name
AUTOSIGHT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 362086 MELBOURNE FL 32936-9086	P.O. BOX 362086 MELBOURNE FL 32936-9086

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2930333 ☐ 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

ALDRICH, MICHAEL
730 JOHN ADAMS LANE
WEST MELBOURNE FL 32904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, PATRICK	1.2 NAME	
STREET ADDRESS	120 DESOTO PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALDRICH, MICHAEL	2.2 NAME	
STREET ADDRESS	730 JOHN ADAMS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	☐ Change ☐ Addition
NAME	SOLVOLD, RALPH	3.2 NAME	
STREET ADDRESS	328 MYRTLEWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MUCZKO, JOHN	4.2 NAME	
STREET ADDRESS	1805 ATLANTIC ST NR 134	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	MAGUIRE, MICHAEL, F	5.2 NAME	
STREET ADDRESS	18 MARINA ISLES BLD #304	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HEITSCH, JAMES	6.2 NAME	
STREET ADDRESS	3033 ST MARKS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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 added to an amendment with no address.

SIGNATURE: Michael Aldrich Pres 4/03/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407-242-5865
Daytime Phone #

0420740 FP