FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name
AUTOSIGHT, INC.

Principal Place of Business
P.O. BOX 362086
MELBOURNE FL ~~32936-0086~~

Mailing Address
P.O. BOX 362086
MELBOURNE FL ~~32936-0086~~

3. Date Incorporated or Qualified: 12/19/1988
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 32936-2086 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 32936-2086 29 Country 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KENNEDY, PATRICK	
STREET ADDRESS	120 DESOTO PARKWAY	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	PD	☐ DELETE
NAME	ALDRICH, MICHAEL	
STREET ADDRESS	730 JOHN ADAMS LANE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	VST	☐ DELETE
NAME	SOLVOLD, RALPH	
STREET ADDRESS	~~328 MYRTLEWOOD RD~~	
CITY-ST-ZIP	~~MELBOURNE FL~~	
TITLE	D	☐ DELETE
NAME	MUCZKO, JOHN	
STREET ADDRESS	~~4805 ATLANTIC ST NR 134~~	
CITY-ST-ZIP	~~MELBOURNE BCH FL~~	
TITLE	C	☐ DELETE
NAME	MAGUIRE, MICHAEL, F	
STREET ADDRESS	18 MARINA ISLES BLD #304	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	
TITLE	D	☐ DELETE
NAME	HEITSCH, JAMES	
STREET ADDRESS	3033 ST MARKS AVE	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	ROBERT G. SAENZ	
13 STREET ADDRESS	4288 INDIANFIELD RD	
14 CITY-ST-ZIP	CLINTON NY 13323	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS	2508 ADDINGTON CIRCLE	
34 CITY-ST-ZIP	VIERA FL 32955	
41 TITLE		☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	8049 SW 115th LOOP	
44 CITY-ST-ZIP	OCALA FL 34476	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a business or trustee employed 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 attached sheet if added.

SIGNATURE: Michael Aldrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 407-242-5865
Date Phone