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 # **K89790** **(5)**

1. Corporation Name

MOBILSONIX, INC.

Principal Place of Business	Mailing Address
~~36430 US HWY 19 N~~ 36326 US HWY 19N PALM HARBOR FL 34684 US	36326 U.S. HWY 19 N PALM HARBOR FL 34684 US

2. Principal Place of Business
21 36320 U.S. Hwy 19N
22
23 Palm Harbor, FL.
24 Zip 34684 25 Country US

2a. Mailing Address
26
27
28
29 Zip 30 Country

3. Date Incorporated or Qualified: **05/22/1989**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-2949716** ☐ 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

FOUNTAIN, KATHLEEN
4757 WRENTHAN PLACE
~~SUITE 320~~
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name: Fountain Kathleen
82 Street Address (P.O. Box Number is Not Acceptable): 4757 Wrentham Place
83
84 City: Palm Harbor FL 85 Zip Code: 34685

11. Pursuant to the provisions of Section 607.0502 and F.S. 1996, 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
LITT, LYSA		2 NAME	
309 CASCADE LANE		3 STREET ADDRESS	
PALM HARBOR FL		4 CITY-ST-ZIP	
VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
FOUNTAIN, KATHLEEN		22 NAME	
4757 WRENTHAN PLACE		23 STREET ADDRESS	
PALM HARBOR FL		24 CITY-ST-ZIP	
SD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
SINENO JOSEPH, JR.		32 NAME	
4757 WRENTHAN PL		33 STREET ADDRESS	
PALM HARBOR FL		34 CITY-ST-ZIP	
TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
KATZ, BARRY B.		42 NAME	
309 CASCADE LANE		43 STREET ADDRESS	
PALM HARBOR FL		44 CITY-ST-ZIP	
	☐ DELETE	51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
	☐ DELETE	61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurate, 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with changed, or added mailing address.

SIGNATURE: Lysa Litt - President 2/22/96 (813)787-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)