

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L40727 (4)

1. Corporation Name
LOCATING DEVICES, INC.



Principal Place of Business 5198 N.E. 12 AVENUE FT. LAUDERDALE FL 33334 US	Mailing Address P.O. BOX 2911 POMPANO BEACH FL 33072-2911
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3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 1010 So OCEAN BL	2a. Mailing Address 26 PO Box 2911
Suite, Apt. #, etc. 22 617	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH	City & State 28 POMPANO BEACH FL
Zip 24 33062	Country 25 USA
Country 25 USA	Zip 29 33072
	Country 30 USA

4. FEI Number 65-0168746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COHEN, M.D.
5198 N.E. 12 AVENUE
FT. LAUDERDALE, FL 33334**

10. Name and Address of New Registered Agent

81 Name M D COHEN
82 Street Address (P.O. Box Number is Not Acceptable) 1010 So OCEAN BL #617
83
84 City POMPANO BEACH FL
85 Zip Code 33062

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: *M.D. Cohen* **M.D. COHEN PRES** DATE: **4/7/97**

(By state, type 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, MARTY		1.2 NAME COHEN, MARTY	
STREET ADDRESS 5198 N.E. 12TH AVENUE		1.3 STREET ADDRESS 1010 So. OCEAN BL #617	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP POMPANO BEACH FL 33062	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, SYLVIA		2.2 NAME COHEN, SYLVIA	
STREET ADDRESS 5198 N.E. 12TH AVENUE		2.3 STREET ADDRESS 1010 So OCEAN BL #617	
CITY-ST-ZIP FT. LAUDERDALE FL		2.4 CITY-ST-ZIP POMPANO BEACH FL 33062	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *M.D. Cohen Pres* **M.D. COHEN** DATE: **4/7/97 (954) 2952356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)