

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

FILED

Apr 14 1997 8:00am
Secretary of State

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| 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.



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| 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 Suite, Apt. #, etc. 22 617 City & State 23 POMPANO BEACH Zip 24 33062 Country 25 USA | 2a. Mailing Address 26 P.O. Box 2911 Suite, Apt. #, etc. 27 City & State 28 POMPANO BEACH, FL Zip 29 33072 Country 30 USA | 4. FEI Number 65-0168746 Applied For 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 |
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|--|--|--|--|
| 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 | |
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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**
(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 (9:54) 2952356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)