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 8:13

DOCUMENT # **M62302** **(8)**

1. Corporation Name
KINETIC DATA SCAN SYSTEMS, INC.

Principal Place of Business	Mailing Address
15250 NE 1ST CT. NORTH MIAMI BEACH FL 33162	15250 NE 1ST CT. NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/10/1987	01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 13250 S.W. 7th COURT	26 13250 S.W. 7th COURT
Suite, Apt. #, etc. 22 KINGSLEY L-410	Suite, Apt. #, etc. 27 KINGSLEY L-410
City & State 23 PEMBROKE PINES, FL.	City & State 28 PEMBROKE PINES, FL.
Zip 24 33027 Country 25 BROWARD	Zip 29 33027 Country 30 BROWARD

4. FEI Number 65-0038329 ☐ 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	10. Name and Address of New Registered Agent
LEE, PATRICIA A. 15250 NE 1ST COURT NORTH MIAMI BEACH FL 33162	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	PVST	11 TITLE	☒ Change ☐ Addition
NAME	LEE, PATRICIA A	12 NAME	
STREET ADDRESS	15250 NE 1ST COURT	13 STREET ADDRESS	13250 S.W. 7th COURT, #L-410
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	14 CITY ST ZIP	PEMBROKE PINES, FL. 33027
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	LEE, PATRICIA A	22 NAME	
STREET ADDRESS	15250 NE 1ST COURT	23 STREET ADDRESS	13250 S.W. 7th COURT, #L-410
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	24 CITY ST ZIP	PEMBROKE PINES, [redacted]
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 on an attachment with an address.

SIGNATURE: X Patricia A. Lee 4-5-95 305-324-3313
SIGNATURE AND TYPED OR PRINTED NAME OF BIONNG OFFICER OR DIRECTOR Date Daytime Phone Number 305-940-7782

0174076 CP