

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 # M62302 (8)

1. Corporation Name

KINETIC DATA SCAN SYSTEMS, INC.



Principal Place of Business

13250 SW 7TH COURT  
KINGSLEY L-410  
PEMBROKE PINES FL 33027  
US

Mailing Address

13250 SW 7TH COURT  
KINGSLEY L-410  
PEMBROKE PINES FL 33027  
US

3. Date Incorporated or Qualified

11/10/1987

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

21 12197 PEMBROKE ROAD

2a. Mailing Address

26 12197 PEMBROKE ROAD

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

23 City & State  
PEMBROKE PINES, FLORIDA

27 City & State  
PEMBROKE PINES, FLORIDA

24 Zip  
33025

25 Country  
USA

29 Zip  
33025

30 Country  
USA

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

PATRICIA A. LEE

82 Street Address (P.O. Box Number is Not Acceptable)

13250 S.W. 7TH COURT

83

KINGSLEY L-410

84

City

PEMBROKE PINES

FL

85 Zip Code  
33027

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

*Patricia A. Lee*

(Signature of registered agent or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME LEE, PATRICIA A  
STREET ADDRESS 13250 SW 7TH COURT: #L-410  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D ☐ DELETE

NAME LEE, PATRICIA A  
STREET ADDRESS 13250 SW 7TH COURT #L-40  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREASURER ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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:

*Patricia A. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96

Date

(954)  
483-8811

Daytime Phone #

CR2E034 (12/95)