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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # (0)INTELLIGENT INSPECTION SYSTEMS, INC. Principal Place of Business Mailing Address 2000 AVENUE P. 2 2000 AVENUE P. 2 RIVIERA BCH FL 33404 RIVIERA BCH FL 33404 US 07/07/1988 U5/U1/1995 2a. Mailing Addres 2. Principal Place of Business 27 6985 Garden 4. FEI Number Gardon Rd Applied For 65-0059898 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City 8 & State 6. Election Campaign Financing \$5.00 May Be 23 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, ☐ Yes X No 29 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DARLING, DONALD T. 82 Street Address (P.O. Box Number is Not Acceptable) 11677 BANYAN STREET PALM BEACH GARDENS FL 33410 83 City Zip Code 85 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 Ficrida. 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 Signature, typed or printed name of registered agent and title if applicable (NO1E Rug stered Agent signature required when reinstating) (12/95)OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1. 1 TITLE ☐ Change ■ Addition DARLING, DONALD T. NAME 1.2 NAME CR2E034 11677 BANYAN STREET STREET ADDRESS 1.3 STREET ADORESS PALM BCH GARDENS FL CITY-S1-ZIP 1.4 C(1) - ST - 2(P Addition DELFTE Change 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z-P 24 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change | 4.130TLE [7] Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 D(TY-ST-Z)P DELETE 4000018120**7**4® Addition TITLE 5 1 TITLE 5.2 NAME -05/07/96--01158--016 ***200.00 STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-7P DELETE Change 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustre 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.

DIRECTOR

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O