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

APPROVED
AND
FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06672 (0)

1. Corporate Name
CORRDAR LOGIC, INC.

Principal Place of Business
1500 N.W. 62ND STREET
SUITE 410
FT. LAUDERDALE FL 33309

Mailing Address
1500 N.W. 62ND STREET
SUITE 410
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1985
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: ~~06-1152155~~ 59-2659370 — 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. The corporation is a qualified business under Section 288.703, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GUTTER, STEVEN J., ESQ.
8211 W. BROWARD BLVD.
PH-4
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 Section 607.325, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors or, if there is no board of directors, by an officer of the corporation. Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSV
NAME	RUGGIERO, ROBERT
ADDRESS	1500 NW 62ND ST. #410
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	T
NAME	RUGGIERO, ROBERT
ADDRESS	1500 NW 62ND ST. #410
CITY, ST, ZIP	FT. LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is accurate and complete to the extent required by Section 607.325, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect or force as if made under oath. That I am a director or officer of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 if applicable, or as the latest with an address.

SIGNATURE: 5/1/95 771 6263
MANUAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0217500 CP