

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90003 028 ***550.00

DOCUMENT # **P40886**

Corporation Name

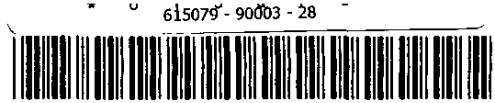
VESTINGHOUSE AUDIO INTELLIGENCE DEVICES, INC.

Principal Place of Business

1 N.W. 39TH STREET
CORAL SPRINGS FL 33065

Mailing Address

12301 N.W. 39TH STREET
CORAL SPRINGS FL 33065
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1992

4. FEI Number

52-1798529

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	P	<input type="checkbox"/> DELETE
E	GATES, WILLIAM	
ST-ADDRESS	12301 NW 39TH ST	
ST-ZIP	CORAL SPRINGS FL 33065	
E	S	<input type="checkbox"/> DELETE
E	LONGA, WILLIAM C	
ST-ADDRESS	264 AMITY RD, SUITE 103	
ST-ZIP	WOODBRIIDGE CT 06525	
E		<input type="checkbox"/> DELETE
E		
ST-ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
E		
ST-ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
E		
ST-ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
E		
ST-ADDRESS		
ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I 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: X

William Gates 7/19/99 268-3326

CR2E034 (5/99)