

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011705 (9)

1. Corporation Name

CONTROLLED SYSTEMS I, INC.

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 3471 NO FEDERAL HWY
STE 611
FT LAUDERDALE FL 33306
US

Mailing Address: 3471 NO FEDERAL HWY
STE 611
FT LAUDERDALE FL 33306
US

3. Date Incorporated or Qualified 02/15/1993
3a. Date of Last Report 04/15/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
28 Suite, Apt. #, etc.

4. FBI Number 65-0427830
Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

28 Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Country

29 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CAMERON, CARA E
2929 E. COMMERCIAL BLVD.
PENTHOUSE C
FORT LAUDERDALE FL 33303

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 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CROUCH, JAY	3700 GALT OCEAN MILE	FT LAUDERDALE FL
CEO	MONACO, ROBERT S	3101 PORT ROYAL BLVD 432	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	Crouch, Jay	3029 N Atlantic Blvd	Ft. Lauderdale, FL 33308	☒	☐
CEO	Monaco, Robert S	3101 Port Royale Blvd #426	Ft Lauderdale, FL 33308	☒	☐
				☐	☐
				☐	☐
				☐	☐
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				☐	☐

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 110.07(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:

Robert S. Monaco

7/7/95

305-561-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR