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 APR 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036597 (1)**

1. Corporation Name

WATERS EDGE SCANNING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3104 W WATERS AVE SUITE 108 TAMPA FL 33614	3227 BENNET ST N ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1993**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3184242** ☐ 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

9. Name and Address of Current Registered Agent

A.G.C. CO
2300 SUN BANK CENTER
200 S ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: BIJAN TAGHAVI
82 Street Address (P.O. Box Number is Not Acceptable): MEDROSS
83: 3227 BENNET STREET NORTH
84 City: ST. PETERSBURG FL 85 Zip Code: 33713

11. Pursuant to the provisions of Section 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: Bijan Taghavi — BIJAN TAGHAVI - PRESIDENT — DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KANTER, JOEL	12 NAME	
STREET ADDRESS	8000 TOWERS CRESCENT DR, SUITE 1070	13 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA 22182	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TOH, HENRY	22 NAME	
STREET ADDRESS	3227 BENNET ST N	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	TAGHAVI, BIJAN	32 NAME	
STREET ADDRESS	3227 BENNET ST N	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MICHON, DOROTHY L	42 NAME	
STREET ADDRESS	3227 BENNET ST N	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	44 CITY-ST-ZIP	
TITLE	TS	51 TITLE	☐ Change ☐ Addition
NAME	BARNES, TIMOTHY R	52 NAME	
STREET ADDRESS	3227 BENNET ST N	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: TIMOTHY R. BARNES - S/T 1/17/95 (813) 521-1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310093 CP