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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:38

DOCUMENT # P94000004988 (9)

1. Corporation Name

ETM SYSTEMS, INC.

Principal Place of Business	Mailing Address
357 TIMBERLAKE DR. MELBOURNE FL 32940	357 TIMBERLAKE DR. MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:
4. FEI Number: 593225993 — 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

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

9. Name and Address of Current Registered Agent

MENENDEZ, KELLY A
357 TIMBERLAKE DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: Alfredo A. Menendez
82 Street Address (P.O. Box Number is Not Acceptable)
83 357 Timberlake Dr.
84 City: Melbourne FL 85 Zip Code: 32940

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: Alfredo A. Menendez (Signature, typed or printed name of registered agent and title if applicable) — (Note: Registered Agent signature required when reinstating) [signature] DATE 6/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Secretary/Treasurer	☑ Change ☐ Addition
NAME	MENENDEZ, KELLY A	1.2 NAME		
STREET ADDRESS	357 TIMBERLAKE DR.	1.3 STREET ADDRESS		
CITY, ST, ZIP	MELBOURNE FL 32940	1.4 CITY, ST, ZIP		
TITLE	D	2.1 TITLE	President/CEO	☑ Change ☐ Addition
NAME	MENENDEZ, ALFREDO A	2.2 NAME		
STREET ADDRESS	357 TIMBERLAKE DR.	2.3 STREET ADDRESS		
CITY, ST, ZIP	MELBOURNE FL 32940	2.4 CITY, ST, ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY, ST, ZIP		3.4 CITY, ST, ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY, ST, ZIP		4.4 CITY, ST, ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY, ST, ZIP		5.4 CITY, ST, ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 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)(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: [signature] Alfredo Menendez (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 6/26/95 Daytime Phone # (407) 635-0283