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

1995 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/95--01044--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000025557 (7)

1. Corporation Name

~~EXOSCOPE DESIGN & MANUFACTURING GROUP, INC.~~

EXOSCOPE DESIGN & FABRICATION, INC.

Principal Place of Business	Mailing Address
1390 LA QUINTA CT WINTER SPRINGS FL 32708	1390 LA QUINTA CT WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 03/31/1994

3a. Date of Last Report:

2. Principal Place of Business
21: 200 North Elm Ave.
22: Suite, Apt. #, etc:
23: City & State: Sanford FL
24: Zip: 32771
25: County: Seminole

2a. Mailing Address
26: 200 North Elm Ave.
27: Suite, Apt. #, etc:
28: City & State: Sanford FL
29: Zip: 32771
30: County: Seminole

4. FEI Number: 59-3240414 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, JERRY
1390 LA QUINTA CT
WINTER SPRINGS FL 32708

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 _____ 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	DPT	11 TITLE		☐ Change ☐ Addition
NAME	LEVINE, JERRY	12 NAME		
STREET ADDRESS	1390 LA QUINTA CT	13 STREET ADDRESS		
CITY ST ZIP	WINTER SPRINGS FL 32708	14 CITY ST ZIP		
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	ALFIERI, LOUIS	22 NAME		
STREET ADDRESS	488 LAKE CHARLES DR	23 STREET ADDRESS	7441 N. County Road 427	
CITY ST ZIP	KENNETH CITY FL 33709	24 CITY ST ZIP	Sanford FL 32771	
TITLE	DS	31 TITLE		☒ Change ☐ Addition
NAME	FREELAND, SCOTT	32 NAME		
STREET ADDRESS	5962 50TH AVE N	33 STREET ADDRESS	689 Gainsboro Street	
CITY ST ZIP	KENNETH CITY FL 33709	34 CITY ST ZIP	Deltona FL 32725	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	GEORGE C. SCHMID	
STREET ADDRESS		43 STREET ADDRESS	815 Hillary Court	
CITY ST ZIP		44 CITY ST ZIP	Longwood FL 32750	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	SCC 5-1-95	

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] 4/23/95 (407) 324-1146
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

President

0037830 CP