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 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048064 (7)

1. Corporation Name
ENGINEERED SOLUTIONS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
340 S.E. 12TH ST. POMPANO BEACH FL 33060	340 S.E. 12TH ST. POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:

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

4. FEI Number: ☑ 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

FOX, JONATHAN B
340 S.E. 12TH ST.
POMPANO BEACH FL 33060

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 where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	O ☑ Change ☐ Addition
NAME	FOX, JONATHAN B	12 NAME	FOX, JONATHAN B.
STREET ADDRESS	~~5364 N.W. 54TH ST.~~	13 STREET ADDRESS	600 SE 6 Terrace
CITY-ST-ZIP	~~COCONUT CREEK FL 33073~~	14 CITY ST ZIP	Pompano Beach, FL 33060
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CORTINA, MARK L	22 NAME	
STREET ADDRESS	340 S.E. 12TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	24 CITY ST ZIP	
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	FOX, DAWN B	32 NAME	FOX, DAWN B.
STREET ADDRESS	~~5364 N.W. 54TH ST~~	33 STREET ADDRESS	600 SE 6th TERRACE
CITY-ST-ZIP	~~COCONUT CREEK FL 33073~~	34 CITY ST ZIP	Pompano Beach, FL 33060
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CORTINA, CYNTHIA M	42 NAME	
STREET ADDRESS	340 S.E. 12TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	44 CITY ST ZIP	
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	

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: Jonathan B. Fox 3- 786-5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 305-[illegible] Daytime Phone #

0100006 CP