

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000065669 (1)**

1. Corporation Name  
**BSI TECHNOLOGIES, INC.**



Principal Place of Business: **10030 GRIFFIN RD. FORT LAUDERDALE FL 33328**  
Mailing Address: **10030 GRIFFIN RD. FORT LAUDERDALE FL 33328**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/07/1994	04/14/1995
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0528603	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HELEN M. RYAN 1177 SW 122 AVENUE PEMBROKE PINES FL 33025				81 Name	HELEN M RYAN
				82 Street Address (P.O. Box Number is Not Acceptable)	2121 SW 82 Avenue
				83	
				84 City	DAVIE FL
				85 Zip Code	33324
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: <i>Helen M Ryan</i>				DATE: 4/24/96	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JULSON, MICHAEL		1.2 NAME		
STREET ADDRESS	10030 GRIFFIN RD.		1.3 STREET ADDRESS	2121 SW 82 Avenue	
CITY - ST - ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP	DAVIE, FL 33324	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, HELEN M.		2.2 NAME		
STREET ADDRESS	201 RACQUET CLUB RD N-306		2.3 STREET ADDRESS	2121 SW 82 Avenue	
CITY - ST - ZIP	SUNRISE FL		2.4 CITY - ST - ZIP	DAVIE, FL 33324	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JULSON, MARION		3.2 NAME		
STREET ADDRESS	4710 SW 186 AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE FL		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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)(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: *Helen M Ryan* HELEN M RYAN 4/24/96 9544340189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)