

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HELEN M. RYAN  
1177 SW 122 AVENUE  
PEMBROKE PINES FL 33025**

3. Date Incorporated or Qualified  
**09/07/1994**

3a. Date of Last Report  
**04/14/1995**

4. FEI Number  
**65-0528603**

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

10. Name and Address of New Registered Agent

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

*Helen M Ryan*

**Helen M Ryan**

**4/24/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
JULSON, MICHAEL**  
STREET ADDRESS **10030 GRIFFIN RD.**  
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **VD  
RYAN, HELEN M.**  
STREET ADDRESS **201 RACQUET CLUB RD N-306**  
CITY - ST - ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME **SD  
JULSON, MARION**  
STREET ADDRESS **4710 SW 186 AVENUE**  
CITY - ST - ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS **2121 SW 82 Avenue**  
14 CITY - ST - ZIP **DAVIE, FL 33324**

2. 1 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS **2121 SW 82 Avenue**  
24 CITY - ST - ZIP **DAVIE, FL 33324**

3. 1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
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)(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

Daytime Phone #

CR2E034 (12/95)