**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

9:52

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068478 (4)

1. Corporate Name

POLYGRAPH ASSOCIATES OF FLORIDA, INC.

Principal Office Address
1020 S.W. 67 TERRACE
PLANTATION FL

Mailing Address
1020 S.W. 67 TERRACE
PLANTATION FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994

3a. Date of Last Report:

2. Principal Place of Business

21

22

23

24 25 Country

2a. Mailing Address

26 add ZIP "33317"

27 State Apt # or Ste

28 City & State

29 Zip 3 30 Country

4. FEI Number: 65-0540259 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LECATES, WILLIAM B
415 S.E. 12TH STREET
FORT LAUDERDALE FL 33316

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 Section 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 of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILSON, HAROLD J
STREET ADDRESS 1020 S.W. 67 TERRACE
CITY, ST, ZIP PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished, not-for-profit, not required by the corporation statutes or law, Florida Statutes, Chapter 607, or the information included on the annual report or supplemental annual report. It is not a crime not that no penalty shall be imposed for failure to make the report or supplement. I understand that by signing this report I am certifying that I have read the information contained herein and that my signature is in compliance with the rules.

SIGNATURE: Harold J. Wilson — 4/09/95 (305) 571-9251

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0226817 CP