3-27-95 C-B-2617

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 MAR 27 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072108 (1)

1. Corporation Name
PULSAR TECHNOLOGIES, INC.

Principal Place of Business
4661 LEISTNER W
CORAL SPRINGS FL 33067

Mailing Address
~~4661 LEISTNER W~~
~~CORAL SPRINGS FL 33067~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26): BOX 8850
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): CORAL SPRINGS FL
Zip (24) Country (25)
Zip (29): 33434 Country (30)

4. FEI Number: 65-0523810 — 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
COLE, JONATHAN E
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

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: D R Whalen — (NOTE: Registered Agent signature required when necessary) — DATE: 3/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BENCKENSTEIN, JOHN	1.2 NAME	
STREET ADDRESS	4661 LEISTNER W	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RAY, ROGER	2.2 NAME	
STREET ADDRESS	649 NW 100 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OCHS, GARY	3.2 NAME	
STREET ADDRESS	10215 OXFORDSHIRE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKESVILLE, VA 22123	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WHALEN, DONALD R.	4.2 NAME	
STREET ADDRESS	4255 NW 26 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 addition.

SIGNATURE: D R Whalen — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/3/95 — Daytime Phone #: 800-785-7274

0110204 CP