FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000075951 (1)

CHALITY AUTOMATION SCIENCES, INC.

FILED Apr 14 1998 8:00am Secretary of State

GOALII	T AUTOMATION SOLENOES	o, 1140,			
Principal Place of Business		Mailing Address			T 10011001 170 3011 01011 05171 EB111 00111 00111 10003 01110 10101 01191 01191 1001
750 VERONA	LAKE DR	750 VERONA LAKE DR			
FT LAUDERD	ALE FL 33326	FT LAUDERDALE FL 33326			DO NOT WIDITG IN THE ODAGE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Principal P	lace of Business	Los Mailine Address			10/14/1994 4. FEI Number Applied For
· ·	lace of Business	2a, Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	65-0531323 Not Applicable
22		tra i i i i i i i i i i i i i i i i i i i			5. Certificate of Status Desired
City & State		City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Co	untry	
24	25	1	30	Gitty	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u></u>	9. Name and Address of Currer	29 nt Registered Agent	1301	Ţ -	10. Name and Address of New Registered Agent
\/E	NTRY, LYNNE S			81 Namo	······································
	NO N FEDERAL HWY				
	N N PEDERAL HIVE			82 Street	et Address (P.O. Box Number is Not Acceptable)
	= · - •			83	
60	CA RATON FL 33431				
				84 City	₽ 85 Zip Code
44 6		00 10074600 51 14	<u> </u>	<u> </u>	FL w zp cook
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	∪2 and 607 1508, Florida e of Florida. Such change	Statutes, the a was authorize	above-named and by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig	jations of, Section 607.05	05, Florida Sta	atutes.	,
SIGNATURE					
	Signature typed or printed name of requirered agr				tire required when reinstating) DATE
12.	DPST OFFICERS AN	ID DIRECTORS DELE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	·	Dere		ITLE	Change Addition
NAME	MILENKOVIC, LISA V.			NAME	1
STREET ADDRESS	750 VERONA LAKE DR		1.3 5	STREET ADDRESS	
CITY-\$1-ZIP	FT LAUDERDALE FL			CITY-ST-ZIP	WESTON, FL 33326
TITLE	DV	DELE	TE 2.1 1	II LE	☐ Change ☐ Addition
NAME	MILENKOVIC, VICTOR J		2.21	IAME	
STREET ADDRESS	750 VERONA LAKE DR		2.3 8	STREET ADDRESS	s l
CITY-ST-ZIP	FT LAUDERDALE FL 33326			CITY-ST-ZIP	
TITLE		DELE	1£ 3.1 1	ITLE	☐ Change ☐ Addition
NAME			3.2 8	IAME	
STREET ADDRESS			335	STREET ADDRESS	s
CITY+ST-ZIP			3 4.	CITY - ST - ZIP	
TITLE		DELE	TE 4.1 1	ITLE	Change Addition
NAME			4.2	NAMC	
STREET ADDRESS			4.3 \$	TREET ADDRESS	s
CITY-ST-ZIP			4.4 (CITY-ST-ZIP	
TITLE		DELE	TE 5.1 1	UTE	Change Addition
NAME			5.21	IAM E	
STREET ADDRESS			5.3 3	TREET ADDRESS	s
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		DELE			Change Addition
NAME			621		
STREET ADDRESS				THEE! ADDRESS	s
CITY-ST-ZIP				CITY-ST-ZIP	~
0111-01-51			0.4 (1111-01-5B	

14. I hereby certify that the information supplied with this filing 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.

LIBA VENTRY MILENKOVIC