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 MAY -1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087253 (8)**

1. Corporation Name

COST ANALYSIS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
12900 S.W. 15TH MANOR DAVIE FL 33325-5821	12900 S.W. 15TH MANOR DAVIE FL 33325-5821

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/01/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0550944 ☐ 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

DENNISON, MIKE
12900 S.W. 15TH MANOR
DAVIE FL 33325-5821

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: [signature] 4/14/95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DENNISON, MIKE	12 NAME	DENNISON, MICHAEL S.	
STREET ADDRESS	12900 S.W. 15TH MANOR	13 STREET ADDRESS	12900 SW 15 MANOR	
CITY ST ZIP	DAVIE FL 33325-5821	14 CITY ST ZIP	DAVIE FL 33325-5821	
TITLE		21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		22 NAME	SNYDER, ROBERT G	
STREET ADDRESS		23 STREET ADDRESS	810 Barnegat Avenue, Ste. C	
CITY ST ZIP		24 CITY ST ZIP	Ship Bottom NJ 08008	
TITLE		31 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME		32 NAME	NATHANSON, DAVID R	
STREET ADDRESS		33 STREET ADDRESS	410 Lateville Road, Ste 300	
CITY ST ZIP		34 CITY ST ZIP	New Hyde Park NY 11042	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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: [signature] 4/14/95 305 424-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234407 CP