## 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

P95000085987 (2) DOCUMENT #

## LORAN SYSTEMS CORPORATION INC.

Principal Place of Business Muiting Address 2040 NORTHWEST 69TH TERRACE 2040 NORTHWEST 69TH TERRACE MARGATE FL 33063 MARGATE FL 33063 3. Date incorporated or Qualified 3a Date of Last Report 11/08/1995 Principal Place of Business 2a, Marling Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apr. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOYER, JACK 82 Street Address (P.O. Box Number is Not Acceptable) 2040 NORTHWEST 69TH TERRACE 83 MARGATE FL 33063 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and €07.1508, 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or profed mone or registeral agentian intriviit appointable (Notice Registered Agent signature required when remotating) (12/95)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE President 1 1 THE ☐ Change Addition David LEVY

955 Green Valley Cres., Suite 165

OTTAWA, DINTAKIO K2C3V4 Canada

Chief Operatury Officer DEFER

Leighton Powell

955 Green Valley Cres, Suite 165 NAME 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS 013 Y - \$1 - 21P 14 CHY SE ZIF TITLE 2 TillE [ ] Change Addition NAME 2.2 NAMÉ FREE LADORESS OTTAWA, ONTAKIO KZC3V4 CITY: ST-7IP 2.4 City - \$1, 20 THELE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - S1 - ZIF DELETE TITLE 4 1 THTLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP [T] DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CHY ST-ZIE DELETE TITLE 6 1 Tilef Change NAME STREET ADDRESS 6.3 STREET ADDRESS

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 if further certify that the information indicated on this agreed report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or directly of the opporation or the receipts or trustee engages to execute this report as regured by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 yi changed for on an attyle type yikin an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CHY-ST-ZIP

TURE AND TYPED OR PRINTED NAMELOF SIGNING OFFICER OR DIRECTOR

June 12/96 (613) 123-1505