

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

DOCUMENT # **S28123 (5)**

1. Corporation Name

POLARIS COMMUNICATIONS & ENGINEERING, INC.



Principal Place of Business

**421 NW 10 TERRACE
HALLANDALE FL 33009
US**

Mailing Address

**421 NW 10 TERRACE
HALLANDALE FL 33009
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**CASTORO, FRANCES X
2100 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified
01/10/1991

3a. Date of Last Report
07/06/1995

4. FEI Number
65-0246221

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

10. Name and Address of New Registered Agent

81 Name

MICHAEL HALL

82

Street Address (P.O. Box Number is Not Acceptable)

423 N.W. 10 TERRACE

83

84

City

HALLANDALE

FL

85

Zip Code

33009

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-15-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PS**

STREET ADDRESS **HALL, MICHAEL**

CITY-ST-ZIP **2940 SW 30TH AVE**

PEMBROKE PARK FL 33009

TITLE ☐ DELETE

NAME **V**

STREET ADDRESS **DURRENMATT, PATRICK**

CITY-ST-ZIP **2940 SW. 30TH AVE**

PEMBROKE PARK FL 33009

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT**

1.3 STREET ADDRESS **HALL, MICHAEL**

1.4 CITY-ST-ZIP **425 NW 10th Terrace**

HALLANDALE FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Vice President**

2.3 STREET ADDRESS **Durrenmatt Patrick**

2.4 CITY-ST-ZIP **230 Mulberry St. Wyandotte MI 48192**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (954) 456-6744
Date Daytime Phone #

CR2E034 (12/95)