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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:40

DOCUMENT # S59433 (0)

1. Corporation Name
NAVIGATION SYSTEMS SERVICES, INC.

Principal Place of Business	Mailing Address
~~3036 CANAL ROAD~~ ~~MIRAMAR FL 33025~~	~~3036 CANAL ROAD~~ ~~MIRAMAR FL 33025~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2039 TYLER STREET	26 2039 TYLER STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FLORIDA	28 City & State: HOLLYWOOD, FLORIDA
24 Zip: 33020 25 Country: BROWARD	29 Zip: 33020 30 Country: BROWARD

4. FEI Number: 65-0267205 ☐ 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

~~WHITE, THOMAS~~
~~3036 CANAL ROAD~~
~~MIRAMAR FL 33025~~

10. Name and Address of New Registered Agent

81 Name: R. KEVIN CROSS, E.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2039 TYLER STREET.
83
84 City: HOLLYWOOD FL 85 Zip Code: 33020-4515

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] EA. - R. KEVIN CROSS, EA. 2/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P.	☒ Change ☐ Addition
NAME	WHITE, THOMAS	1.2 NAME	THOMAS S. WHITE	
STREET ADDRESS	~~3036 CANAL ROAD~~	1.3 STREET ADDRESS	57 NOBLE ROAD	
CITY-ST-ZIP	~~MIRAMAR FL~~	1.4 CITY-ST-ZIP	FAIRVIEW, NC. 28730	
TITLE	D	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	WHITE, CHERYL	2.2 NAME	CHERYL	
STREET ADDRESS	~~3036 CANAL ROAD~~	2.3 STREET ADDRESS	57 NOBLE ROAD	
CITY-ST-ZIP	~~MIRAMAR FL~~	2.4 CITY-ST-ZIP	FAIRVIEW, NC. 28730	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Cheryl J. White 2/14/95 1-800-859-5841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Cheryl J. White

0007635 CP