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

FILED **PROFIT** Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (0)**DOCUMENT #** S59433 NAVIGATION SYSTEMS SERVICES, INC. Principal Place of Business Mailing Address 2039 TYLER STREET 2039 TYLER STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/10/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0267205 Not Applicable 21 Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes □Ño Personal Property Tax due June 30. 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** CROSS, R KEVIN X Name KFUIN Cross 2039 TYLER STREET Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33020 TYLER 83 Holly وههدس 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 event, 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 To a gent, 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 library with and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE Registered Agent signature req OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 1 1 TITLE Change Addition TITLE WHITE, THOMAS NAME 1.2 NAME **57 NOBLE ROAD** STREET ADORESS 1.3 STREET ADDRESS **FAIRVIEW NC** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition 21 TITLE TITLE WHITE, CHERYL 2.2 NAME NAME **57 NOBLE ROAD** STREET ADDRESS 2 3 STREET ADDRESS FAIRVIEW NO CITY-ST-ZIP 2 4 City-St-7iP Addition DELETE Change 3.1 TIFLE TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3 4. CITY- \$T-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE NAME

STREET ADORESS

14. I hereby certify that the information suppli-indicated on this annual roport or supplied

officer or director of the corporatio Block 12 or Block 13 if changed_e

CITY-ST-ZIP

Ind with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inental annual proof is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an executive or unsteed employing due execute this report as required by Chapter 607, Florida Statutes; and that my name appears in