Sure, Apt.	, PROFIT CORPORATION ANNUAL REPORTS 1996		FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF COR	ortham State	FILED 96 DEC -6 PHI	2: 33
HAMILTON SENSORS, INC. Moding Address Setts NW 200 AVENUE MAN F1, 2916 MIN 65 ST MAN F2, 2916 MIN 65 ST MIN F2, 2916 MIN F2, 2916 MIN 65 ST MIN F2, 2916 MIN	OCUMENT # S64426 (7)				SECRETARY OF TALL AHASSEE, F	STATE LORIDA
Principal Place of Business Same Andrews Same		NSORS, INC.			I NOTABLE NO LINE DATA PROPERTY.	
Principal Place of Business Same Andrews Same					CTATEM	ENT 96
Principal Place of Business 16. Mailting Address 28. Mailting Address 28. SAME 28. SAME 28. SAME 28. SAME 29. SAME			MIAMI FL 33166		Date Incorporated or Qualified 3.	Date of Last Report
Supple April 1. Pursuant Notes of South Service of States of States of States Desired Signatures of Sta			Bo Malling Address	2 th		Applied For
Suite, April 4, etc. Suite, April 4, etc. 2			ST 26 SAME.			Not Applicable \$8.75 Additional
City & State City & State	Sulte, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
20 Country 20		٧,	City & State		Trust Fund Contribution	Added to Fees
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HAMILTON, GARY M.	201170	25 USA	20	0		
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 ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.00 (Stock). ido hereby 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 to 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 to 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 to 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 to 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 to 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 to 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 to 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 to 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 to certify that the information indicated on this annual report is supplemental. 	SIGNATURE Signature, to 2. ITILE DPS MAME STREET ADDRESS STY'-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	wiskings of Sections 607.0 both, in the State of Sept the obligations of Sept the Sept th	02 and 607.1508, Florida Statutes, prida, Such change was authorized Scripp 607.0505, Florida Statutes.	Registered Agent eignature requirements of the comporation's bound of the comporation of the composite of t	For when renetating) ADDITIONS/CHANGES TO OFFICE FIGURE 10 OFFICE	se of changing its registered office the the series of the
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