SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S74502 (3)

1. Corporation Name

SPECIALTY DEVICE INSTALLERS, INC.

Principal Place of Business	Mailing Address
823 NW 57TH ST #9 FT LAUDERDALE FL 33309 US	1120 ROYAL PALM BCH BLVD STE 176 ROYAL PALM BCH FL 33411 US

3. Date Incorporated or Qualified: 08/20/1991
3a. Date of Last Report: 07/27/1995
4. FEI Number: 65-0282641 — 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 XX Yes ☐ No

2. Principal Place of Business: 21 ____ Suite, Apt. #, etc: 22 ____ City & State: 23 ____ Zip: 24 ____ Country: 25 ____
2a. Mailing Address: 26 ____ Suite, Apt. #, etc: 27 ____ City & State: 28 ____ Zip: 29 ____ Country: 30 ____

9. Name and Address of Current Registered Agent

BAUER, MARJORIE J.
4090 122 DR N
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: FRANK R. BAUER
82 Street Address (P.O. Box Number is Not Acceptable): 16747 FOXTRAIL LANE
83
84 City: LOXAHATCHEE FL 85 Zip Code: 33470

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] FRANK R. BAUER — 8/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[X] DELETE
NAME	BAUER, MARJORIE J.	
STREET ADDRESS	4090 122 DR N	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	VS	☐ DELETE
NAME	BAUER, FRANK R.	
STREET ADDRESS	4090 122TH DRIVE, N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	[X] Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	16747 FOXTRAIL LANE	
2.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	
3.1 TITLE	VS	☐ Change [X] Addition
3.2 NAME	GARY D LISCIO	
3.3 STREET ADDRESS	6530 N.W. 4 STREET	
3.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
4.1 TITLE	D	☐ Change XX Addition
4.2 NAME	ROBERT KNIGHT	
4.3 STREET ADDRESS	34A-2755 LOUGHEED HWY	
4.4 CITY-ST-ZIP	PORT COQUITLAM, B.C. V3B 5Y9 CANADA	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] FRANK R. BAUER — 8/1/96 — 954-772-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)