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 # **V05276** **(3)**

1. Corporation Name

BROWARD INFRARED DETECTOR CORPORATION

Principal Place of Business

833 SIESTA KEY DRIVE
~~STE 822~~
DEERFIELD BEACH FL 33441
US

Mailing Address

~~58A CENTRAL ST.~~
~~HUDSON MA 01749-1316~~

2. Principal Place of Business

21 5 Southeast 12th St.
Suite, Apt. #, etc.
22
City & State
23 Deerfield Beach
Zip
24 33441
County
25

2a. Mailing Address

26 7 Sawin St.
Suite, Apt. #, etc.
27 Suite 102
City & State
28 Natick, MA
Zip
29 01760-3515
County
30

3. Date Incorporated or Qualified: 01/09/1992

3a. Date of Last Report: 04/26/1995

4. FEI Number: 65-0306537 — 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**

ALBERTINI, ROBERT A.
~~833 SIESTA KEY DRIVE~~
~~STE 822~~
DEERFIELD BEACH FL 33441

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5 Southeast 12th St.
83
84 City Deerfield Beach FL
85 Zip Code ~~33441~~ 33441

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 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 Robert A. Albertini — Date 4/16/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ALBERTINI, WAYNE D.	
STREET ADDRESS	58A CENTRAL ST	
CITY-ST-ZIP	HUDSON MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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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 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

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), 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

Jan 31, 1996 — 508-651-1532
Date — Daytime Phone

CR2E034 (12/95)