

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

~~3505 W ATLANTIC BLVD.~~  
~~#305~~  
~~POMRANO BCH FL 33069~~  
US

Mailing Address

~~7 SAWIN STREET~~  
~~SUITE 102~~  
~~NATICK MA 01760-0016~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 541 B N.E. 32nd St.  
Suite, Apt. #, etc.

22

23 City & State  
Oakland Park FL

24 Zip 33334 25 Country US

2a. Mailing Address

26 263 Elmwood Road  
Suite, Apt. #, etc.

27

28 City & State  
Lunenburg MA

29 Zip 01462-1463 30 Country US

9. Name and Address of Current Registered Agent

ALBERTINI, ROBERT A.  
3505 W ATLANTIC BLVD #305  
POMRANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name Robert A. Albertini  
82 Street Address (P.O. Box Number is Not Acceptable)  
541 B NE 32nd St  
83  
84 City Oakland Park FL 85 Zip Code 33334

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 Robert Albertini

Signature, type or printed name of registered agent and fee if applicable

U.S. President

(NOTE: Registered Agent signature required when reinstating)

7/25/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ALBERTINI, WAYNE D.	7 SAWIN ST #2	NATICK MA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		263 Elmwood Road	Lunenburg, MA 01462-1463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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

CR2E034 (10/97)