

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 694380 (7)
1. Corporation Name
SI-TEX MARINE ELECTRONICS, INC.



Principal Place of Business 11001 ROOSEVELT BLVD SUITE 800 ST. PETERSBURG FL 33716 US	Mailing Address 11001 ROOSEVELT BLVD SUITE 800 ST. PETERSBURG FL 33716-2338 US
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3. Date Incorporated or Qualified 07/13/1981	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2129047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**NELSON, CHARLES G.
11001 ROOSEVELT BLVD
SUITE 800
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	CHURCH, D. R.
STREET ADDRESS	11001 ROOSEVELT BLVD SUITE 800
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BODTMANN, T.
STREET ADDRESS	11001 ROOSEVELT BLVD SUITE 800
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	NELSON, C. G.
STREET ADDRESS	11001 ROOSEVELT BLVD. SUITE 800
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HANSFORD, TED L
STREET ADDRESS	11001 ROOSEBELT BLVD SUITE 800
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Charles G. Nelson **SIGNATURE REQUIRED** 4/18/1997 (813) 576-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)