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95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L42136** (6)

1. Corporation Name
AMERICA II WEST, INC.

Principal Place of Business Mailing Address

AMERICA II WEST, INC.
2901 TASMAN DR. STE 112
SANTA CLARA CA 95064
US

AMERICA II ELECTRONICS
2600 118TH AVE N.
ST PETE FL 33716
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

01/09/1990 08/17/1994

4. FEI Number Applied For

59-3001891 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WEEKS, HEATHER
2600 118TH AVE NORTH
ST PETE FL 33716

10. Name and Address of New Registered Agent

81 Name **Ann E. Pointer, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)
2600 118th Ave. North

83

84 **St. Petersburg** FL 85 Zip Code **33716**

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 **Ann E. Pointer, Ann E. Pointer, Secretary + General Counsel 4/28/95**

Signature typed or printed name of registered agent and date of registration (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	GALINSKI, PETER M.
STREET ADDRESS	2600 118TH AVE NORTH
CITY, ST, ZIP	ST PETE FL
TITLE	EVPM
NAME	JEAN-LOUIS, MAXME F.
STREET ADDRESS	2600 118TH AVE NORTH
CITY, ST, ZIP	ST PETE FL
TITLE	VPCF
NAME	ROGERS, ARIS
STREET ADDRESS	2600 118TH AVE NORTH
CITY, ST, ZIP	ST PETE FL
TITLE	T
NAME	HALL, GREGORY
STREET ADDRESS	2600 118TH AVE NORTH
CITY, ST, ZIP	ST PETE FL
TITLE	S
NAME	WEEKS, HEATHER
STREET ADDRESS	2600 118TH AVE NORTH
CITY, ST, ZIP	ST PETE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DIC/CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS	St. Petersburg	
4. CITY, ST, ZIP	33716	
21. TITLE	D/Sr. Exec. V/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Giamarrusco, Joseph	
23. STREET ADDRESS	2600 118th Ave. North	
24. CITY, ST, ZIP	St. Petersburg, FL 33716	
31. TITLE	D/VICFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP	St. Petersburg 33716	
41. TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP	St. Petersburg 33716	
51. TITLE	3/General Counsel	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Pointer Ann	
53. STREET ADDRESS	2600 118th Ave. North	
54. CITY, ST, ZIP	St. Petersburg, FL 33716	
61. TITLE	D/V/Chief Strategy Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	Allsworth, Ted	
63. STREET ADDRESS	2600 118th Ave. North	
64. CITY, ST, ZIP	St. Petersburg, FL 33716	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Ann E. Pointer, Ann E. Pointer 4/28/95 813-573-0900**

Signature typed or printed name of signor or officer or director DATE Telephone Number