

**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 # **L42136** (6)

1. Corporation Name  
**AMERICA II WEST, INC.**



Principal Place of Business: ~~AMERICA II WEST, INC.~~  
2901 TASMAN DR. STE 112  
SANTA CLARA CA 95084  
US

Mailing Address: ~~AMERICA II ELECTRONICS~~  
2800 118TH AVE N  
ST PETE FL 33716  
US

2. Principal Place of Business  
21 Suite, Apt. # etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

*21: 2901 Tasman Dr. Ste 112, Santa Clara, CA 95084, USA*  
*22: Santa Clara, CA*  
*23: 95084, USA*  
*24: USA*  
*25: 95084*  
*26: 2800 118th Ave N, St. Pete, FL 33716*  
*27: Clearwater, FL*  
*28: 34622*  
*29: USA*

3. Date Incorporated or Qualified: **01/09/1990**  
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3001891**  
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  
**POINTER, ANN E ESO**  
2800 118TH AVENUE NORTH  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent  
81 Name: **same**  
82 Street Address (P.O. Box Number is Not Acceptable): **13535 Feather Sound Drive**  
83 Suite **307**  
84 City: **Clearwater** FL 85 Zip: **34622**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent at address listed above. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALINSKI, PETER M.</b>	1.2 NAME	<b>Galinski, Michael B.</b>
STREET ADDRESS	<b>2800 118TH AVE NORTH</b>	1.3 STREET ADDRESS	<b>13535 Feather Sound Drive, Suite 307</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<b>DSR</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIAMMARRUSCO, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>2800 118TH AVE NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVCF</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, ARIS</b>	3.2 NAME	
STREET ADDRESS	<b>2800 118TH AVE NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, GREGORY</b>	4.2 NAME	<b>T</b>
STREET ADDRESS	<b>2800 118TH AVE NORTH</b>	4.3 STREET ADDRESS	<b>13535 Feather Sound Drive, Suite 307</b>
CITY-ST-ZIP	<b>ST PETE FL</b>	4.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEEKS, HEATHER</b>	5.2 NAME	<b>S</b>
STREET ADDRESS	<b>2800 118TH AVE NORTH</b>	5.3 STREET ADDRESS	<b>Pointer, Ann E.</b>
CITY-ST-ZIP	<b>ST PETE FL</b>	5.4 CITY-ST-ZIP	<b>13535 Feather Sound Drive, Suite 307</b>
TITLE	<b>DV</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLSWORTH, TED</b>	6.2 NAME	
STREET ADDRESS	<b>2800 118TH AVE. NORTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann E Pointer, Ann E Pointer 4/23/96 813-573-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Phone #)

CR2E034 (12/95)