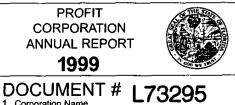
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

05-05-1999 90183 025 ***150.00

BISON ELECTRONICS CORPORATION															
Principal Place of Business Mailing Address									1	1 (801(81) All \$6000 \$1150 \$1010 1		i det dirie	UIBIA DII) 	
809 VERANDA PL 809 VERANDA PL CELEBRATION FL 34747 CELEBRATION FL 34747 US US									DO NOT WRITE IN THIS SPACE						
										3. Date Incorporated or Qualifed					
										05/16/1990			,		
└				Mailing Address				4. FEI Number			\vdash	- 	lied For		
21				26				·	<u> </u>	<u>59-3071919</u>				Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certifcate of Status Desired			Pe-Req	dditional uired——	
City & State				City & State					6.	Election Campaign Financing		\$5	۸ 00.	Лау Ве	
23				28					Trust Fund Contribution			Ad	ded to	Fees	
Zip							Country			This corporation owes the curr	rent year Int				
24	25 29				30					Personal Property Tax.		Yes	, [□No	
	9. Name an	d Address of Curren	rt Regis	tered Agent		1	·		10.	Name and Address of New I	Registered	Agent			
	SUDDENNED	DAVAD A				81	Nam	e							
KALCHBRENNER, DAVID A. 809 VERANDA PL						82 Street Addr			ss (P.	.O. Box Number is Not Accepta	able)				
CELEBRATION FL 34747						83									
}						_	ļ								
						84 City					_ FL	.	Zip Co		
office of reagent. I as	egistered agent m familiar with,	s of Sections 607.050, or both, in the State and accept the obligation of the control of the con	of Florid itions of,	la. Such change was Section 607.0505, Fl	utes, the a authorize lorida Stat	d by tutes	the co	rporation	18 00	submits this statement for the ard of directors. I hereby accel	purpose of pt the appoi	tment a	ig its regi	egistered (
12. OFFICERS AND				D DIRECTORS 13.			13.		A	ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTOR	S IN 12	
TITLE	PVT			☐ DELETE	1.1 T	ITLE						☐ Cha	inge	Addition :	
NAME	KALCHBRE	NNER, DAVID A.			1.2 N	IAME									
STREET ADDRESS	*** 1 *** ** ** ** **			1.3 STI			FADDRE:	ss (
CITY-ST-ZIP	CELEBRATI	ON FL					1.4 CITY+ST-ZIP								
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NAME	KALCHBREI	nner, david a		. 221			2.2 NAME								
STREET ADDRESS				2.3			2.3 STREET ADDRESS								
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NAME					L.	IAME									
STREET ADDRESS							3.3 STREET ADDRESS								
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CITY-ST-ZIP	****			☐ DELETE		TTLE	1-215					☐ Cha	ange	Addition	
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NAME	· v						TADDRE:	ss							

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ING OFFICER OR DIRECTOR