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

Mailing Address

6902 7TH AVE EAST

HS

TAMPA FL 33619-3378

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6902 7TH AVE EAST

SIGNATURE:

SIGNATURE AND TYPED OR TH

TAMPA FL 33619

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049364 (1)

F&M BAY ELECTRONICS CO., INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1993 03/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3192865 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MARKS, LEONARD H ESQ. 201 E. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1516 TAMPA FL 33602** 83 84 City 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or product name of regulered agont and the if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ZALKIN, MAX NAME 1.2 NAME 6902 7TH AVE EAST STREET ADORESS 1.3 STREET ADDRESS tampa fl CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 THILE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C-TY - ST - ZiP 2. 4 CITY-ST-ZIP DELETE THILE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY -ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-70P 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 64 CITY-ST-ZIP nd does not qualify for the exemption stated in Section 119.07(3)(i). Florida statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for trustee empowered to execute this report as required by Chapter 607, floride Statutes; and that my name 14. I do hereby certify that the information supplied with the Information indicated on this annual report or suppler Lam an officer or director of the corporation of the papears in Block 12 or Block 13 if changed, or on an

hment with an address.

INTED NAME OF SIGNING OFFICER OR DIRECTOR