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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049364 (1)

F&M BAY ELECTRONICS CO., INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6902 7TH AVE EAST 6902 7TH AVE EAST TAMPA FL 33619 TAMPA FL 33619 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1993 2. Principat Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3192865 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Ζıp Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 30 Personal Property Tax due June 30. 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARKS, LEONARD H ESQ. 201 E. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 1516 TAMPA FL 33602** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Addition TITLE ZALKIN, MAX 1,2 NAME NAME 32E034 STREET ADDRESS 6902 7TH AVE EAST 1,3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE TITLE 21 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Addition Change TITLE 5.1 TITLE

14. Thereby certify that the information supplied with this filling 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, Forida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

URE REQUIRED

DELETE

813-621-8810

☐ Change ☐ Addition