

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90093 030 ***158.75

DOCUMENT # L09862

1. Corporation Name
AMERICA II ELECTRONICS, INC.

Principal Place of Business
2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716
US

Mailing Address
2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/14/1989	
4. FEI Number 59-2966001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2510 118th Avenue North
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 St. Petersburg, FL
24 Zip	29 33716
25 Country	30 U.S.

9. Name and Address of Current Registered Agent

POINTER, D. MICHAEL II
~~2550 118TH AVENUE NORTH~~
ST. PETERSBURG FL 33716

2510 118th Avenue North

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DCEO <input type="checkbox"/> DELETE
NAME	GALINSKI, MICHAEL B
STREET ADDRESS	13535 FEATHER SOUND DRIVE, SUITE 327
CITY-ST-ZIP	CLEARWATER FL 34622
TITLE	P <input type="checkbox"/> DELETE
NAME	MAGEE, JAMES F
STREET ADDRESS	2600 118TH AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33716
TITLE	S <input type="checkbox"/> DELETE
NAME	MICHAEL D POINTER, II
STREET ADDRESS	2550 118TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33716
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2500 118th Avenue North
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2510 118th Avenue North
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

D. Michael Pointer II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(727) 573-9375

Daytime Phone #

CR2E034 (11/98)