

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

FILED

Jan 14 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 309686 (4)			
1. Corporation Name MARLO ELECTRONICS, INC.			
Principal Place of Business 4058 N E 5TH AVENUE FT. LAUDERDALE FL 33334		Mailing Address 4058 N E 5TH AVENUE FT. LAUDERDALE FL 33334-2202	
2. Principal Place of Business 21 4066 NE 5th Avenue Suite, Apt. #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 4066 NE 5th Avenue Suite, Apt. #, etc 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/06/1966		3a. Date of Last Report 01/31/1996	
4. FEI Number 59-1149578		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GODDARD, ANDREW S 2855 N.W. 42ND STREET BOCA RATON, FL 33434		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	C	<input type="checkbox"/> DELETE	
NAME	GODDARD, M. FREDERICK		
STREET ADDRESS	7608 FENWICK PL.		
CITY-ST-ZIP	BOCA RATON FL		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	GODDARD, ANDREW S		
STREET ADDRESS	2855 N.W. 42ND ST.		
CITY-ST-ZIP	BOCA RATON, FL 00000		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	GODDARD, STEPHEN R.		
STREET ADDRESS	2314 CYPRESS BEND DR. S.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	VST	<input type="checkbox"/> DELETE	
NAME	GODDARD, MARK S.		
STREET ADDRESS	1200 S.W. 21ST STREET		
CITY-ST-ZIP	BOCA RATON FL		
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
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 do 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)