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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 309686

MARLO	ELECTRO	DNICS, INC.										
Principal Place	e of Busines	s	Mailing A	Address				1 (08)(06 3)())	ABILE SELŽE ESIELI	I BISO ODI OLULI 1	ildir erati aia	13 050 11 010 11 100
Principal Place of Business 4007 NE 6TH AVE FT LAUDERDALE FL 33334 US Mailing Address 4007 NE 6TH AVE FT. LAUDERDALE FL 33334 US US								DO NOT WR	RITE IN THIS	SPACE		
								3. Date Incorporate 10/06/1966	ted or Qualifed	d ·		
2. Principal Pl	lace of Busin	ness	2a. Mailir	ng Address				4. FEI Number			<u> </u>	Applied For
21			26					59-1149578	<u> </u>			Not Applicable
Suite, Apt. #, etc.			27					5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State			City &	City & State				6. Election Campa		' 🗖 [']	•	May Be
23			28					Trust Fund Cor				d to Fees
Zip		Country	Žip		Countr	y		8. This corporation		rrent year in	langible ☐ Yes	□No
24	O Name	25 and Address of Curren	29	Agent	30			Personal Prope 10. Name and Add		Registered		
	9, Name	and Address of Curren	it Keğistered i	Agent	8-	Name		10, Name and Par				
GOD	DARD, AN	DREW S										
2855	5 N.W. 42N	ID STREET		82 Street Add				s (P.O. Box Number	r is Not Accept	table)		
BOC	A RATON,	FL			8:	3						
3343	34				-	0.1					05 70	p Code
					84	City		•		FL	85 Zij	o Code
office or re	enistered an	sions of Sections 607.050 lent, or both, in the State ith, and accept the obliga	of Florida, Suc	ch change was	authorized b	/ the con	poration's	s board of directors.	. I hereby acce	ept the appo	intment as	registered
0.010.110.12	Signature, typed	or printed name of registered agen	nt and title if applicat	ble. (NO)	TE: Registered Age	nt signature	required wh			DATE		
12.		or printed name of registered agen		S	13.	nt signature	e required wh	nen reinstating) ADDITIONS/CHA	ANGES TO OF			
	С	OFFICERS AN			13. 1.1 TITLE	nt signature	e required wh		ANGES TO OF		ND DIRECT	
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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 of the receiver or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

954-565-4839