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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90004 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 327660

1. Corporation Name
ARTESYN TECHNOLOGIES, INC.

Principal Place of Business
7900 GLADES RD. #500
BOCA RATON FL 33434

Mailing Address
7900 GLADES ROAD
#500
BOCA RATON FL 33434
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1968

4. FEI Number

59-1205269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SAGER, BERT
6129 SW 70TH STREET
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP
NAME JOSEPH M O'DONNELL
STREET ADDRESS 7900 GLADES RT #500
CITY-ST-ZIP BOC RATON FL

TITLE DAS
NAME OLLENDORFF, STEPHEN A.
STREET ADDRESS 100 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY.

TITLE VS
NAME THOMPSON, RICHARD J.
STREET ADDRESS 7900 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME SAGER, BERT
STREET ADDRESS 6129 SW 70 STREET
CITY-ST-ZIP MIAMI FL

TITLE AS
NAME LIBOW, DAVID I.
STREET ADDRESS 7900 GLADES RD., #500
CITY-ST-ZIP BOCA RATON FL

TITLE V
NAME LEWIS SOLOMON
STREET ADDRESS C/O SILENT RADIO, INC. 144 NASSAU BLVD
CITY-ST-ZIP WEST HEMPSTEAD NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. SECRETARY 4/30/99 561-451-1000

Date Daytime Phone #

CR2E034 (1/98)

0343592