FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 423459 (7) COMMERCIAL ELECTRONIC SYSTEMS, INC. Principal Place of Business Mailing Address 3336 TYRONE BLVD 3336 TYRONE BLVD ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 23 28 Zip Country Country 24 25 29 30 g. Name and Address of Current Registered Agent WATSON, JACK ATTY 600 49TH STREET NORTH 82 ST PETERSBURG FL 33710 83 City SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12, 13. DELETE TITLE 1.1 TITLE EWIN, WILLIAM E NAME 1.2 NAME 2849 62ND ST NO STREET ADDRESS 1.3 STREET ADDRESS

FILED Feb 03 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1973 4. FEI Number Applied For 59-1449298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE EWIN, WILLIAM E III 2.2 NAME NAME 1846 COUNTRY CLUB RD STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 2 4 CHY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME EWIN, MARIE A 3.2 NAME 2849 62ND ST N STREET ADDRESS 3.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE **EWIN. TERRENCE** NAME 4.2 NAME 1415 29TH AVENUE N. STREET ADDRESS 4.3 STREET ADDRESS ST PETERSBURG FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 attention with an address.

CITY-ST-ZIP

11-27-68/213 2470000