**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90097 032 \*\*\*150.00

## 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

## DOCUMENT # 64998 1. Corporation Name EEL IV MARRINE ELECTRONICS INC.

FELIX	MAHINE	ELECTRUNICS,	INC

FELIX IM/	ARINE ELECTRUNICS, INC.							
Principal Place	of Business	Mailing Address	<del></del>			- I SANCIA Divit albin tatin laira surat lais aran	BIBII DIBII BIBII BI	##11 <b>#1</b> #11 1 <b>##</b> 1
11525 S CLEVE		11525 S CLEVELAND AVE						
SUITE 3 SUITE 3						DO NOT INDITE IN THE	IS SDACE	
FT MYERS FL 33907 FT MYERS FL 33907						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 01/03/1980		
4 5	(During and During and	2a Mailing Address				4. FEI Number	Anr	olied For
	ace of Business	2a. Mailing Address				59-1983766		Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			<del></del>		\$8.75 A	
<del></del> 1	#, etc.	27				5. Certifcate of Status Desired	Fee Rec	
City & State		City & State				6. Election Campaign Financing	\$5.00 6	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	ry		8. This corporation owes the current year I	ntangible	
24	25	29	30			Personal Property Tax.	☐ Yes I	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent	
202	DIQUEZ ALAN		8	1 N	ame			
	RIGUEZ, ALAN		8	2 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	TANGLEWOOD PKWY					· · · · · · · · · · · · · · · · · · ·	·	
NAPI	LES FL 33919		8	3				
			8	4 C	ity		. 85 Zip C	ode
				- }	•	<u>F</u>		
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	utnonzea b	y the	med corpo corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	pistered
SIGNATURE								}
	Signature, typed or printed name of registered agen			jent sigr	nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE RS 7	. Change	Addition
TITLE	Rodriguez, Felix	E DELETE	1.2 NAME					-
NAME	· ·				DECC			
STREET ADDRESS	CT AMERICA EL COCA			1.3 STREET ADDRESS 1.4 City-St-ZIP				
CITY-ST-ZIP TITLE	T WILTO 1 C 33313	☐ DELETE			-		☐ Change	[] Addition
NAME	RODRIGUEZ, ANA E.		2.2 NAMI					į
STREET ADDRESS	1451 TANGLEWOOD PKWY.		2.3 STRE		RESS	,		ł
CITY-ST-ZIP	FT. MYERS FL 33919		2. 4 CITY					
TITLE	PS PS	☐ DELETE	3.1 TITLE				Change	Addition
NAME	RODRIGUEZ, ALAN		3.2 NAME	E				
STREET ADDRESS	1451 TANGLEWOOD PKWY		3.3 STRE	EET ADD	RESS			. [
CITY-ST-ZIP	FT MYERS FL 33919		3,4. CITY					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	ΙE				
STREET ADDRESS			4.3 STRE	EET ADD	RESS			ł
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	. [	<u></u>		
TITLE		☐ DELETE	5.1 TITLE		$\neg \vdash$		Change	Addition
NAME			5 2 NAM	E				
STREET ADDRESS			5.3 STRE	EETADO	RESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME	1		6.2 NAM	Ē`	-1-	بالتنسيدين المقاتب سينيت والمات		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #