FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 687706 (2)

1. Corporation Name

ARK ELECTRONIC EXPORT, INC.

Principal Place of Business	Mailing Address
8545 12TH AVENUE NORTH P O BOX 2826 C/O TAX DEPT LARGO FL 34649-2826 US	8545 12TH AVENUE NORTH P O BOX 2826 C/O TAX DEPT LARGO FL 34649 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/05/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2024840 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EDWARD J SILBERHORN
1825 SOUTH RIVERVIEW DRIVE
MELBORUNE FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DORF, ROGER A.	12 NAME	REMOVE - NO REPLACEMENT
STREET ADDRESS	8545 126TH AVE N	13 STREET ADDRESS	
CITY ST ZIP	LARGO FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	DORF, ROGER A.	22 NAME	REMOVE - NO REPLACEMENT
STREET ADDRESS	3055 TURTLE BROOKE	23 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HECTUS, JOHN P.	32 NAME	REMOVE - NO REPLACEMENT
STREET ADDRESS	8545 126TH AVE N	33 STREET ADDRESS	
CITY ST ZIP	LARGO FL	34 CITY ST ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	SLATTERY, JAMES L.	42 NAME	
STREET ADDRESS	8545 126TH AVE N	43 STREET ADDRESS	
CITY ST ZIP	LARGO FL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	RINNER, RONALD R	52 NAME	
STREET ADDRESS	8545 126TH AVE N	53 STREET ADDRESS	
CITY ST ZIP	LARGO FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 if changed, or added, or attached with an address.

SIGNATURE: Ronald R. Rinner RONALD R. RINNER 4/21/95 (813) 530-2977
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASSISTANT SECRETARY

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