

DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Kathe ine Harris Secretary of State

04-29-1999 90108 017 \*\*\*150.00

1. Corporatio	MENT # 687706 ECTRONIC EXPORT, INC.					
Principal Plac	e of Business	Mailing Address	Mailing Address			
8545 126TH AVE N C/O TAX DEPT LARGO FL 33779-826		8545 126TH AVE N C/O TAX DEPT LARGO FL 33779-826			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed
						09/05/1980
<del></del>	tace of Business	2a. Mailing Address				4. FEI Number Applied For 59-2024840 Not Applicable
Suite, A.t.	# etc	Suite, Apt. #, etc.				39-2024040   Not Applicable   88.75 Additional
22	#, 6to.	27				5. Certificate of Status Desired Fee Recuired
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
<b>23</b> Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
33773	25	29 33773	30	US.	A	Personal Property Tax. ☐ Yes 🖪 No
	9. Name and Address of Curren	Registered Agent	-	Ē.		10. Name and Address of New Registered Agent
	(ADD 2 OF DEDUCE)			81	Name	3
EDWARD J SILBERHORN 1825 SOUTH RIVERVIEW DRIVE				82	Street	t Address (P.O. Box Number is Not Acceptable)
MEL	Borune Fl			83		
				84	City	85 Zip Code
					1	┣┗││
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was	authorized	f by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of cirectors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed nai ie of registered agen	1 and title if applicable (NO	Th.: Registered	Aper	it signature re	required when reinstating) DATE
12.		D DIRECTORS	13.			ADDITICINS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VSD	☐ OELETE	1,1 TI	TLE		☐ Change ☐ Addition
NAME	SLATTERY, JAMES L.		1.2 NA	1.2 NAME		
STREET ADDRESS	2065 HUNTERS GLEN DR 403		1.3 \$1	1.3 STREET		3
CITY-ST-ZIP	DUNEDIN FL 34698			TY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TI			Change Addition
NAME			2.2 N/		İ	
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP		☐ DELETE	2. 4 C		T-ZIP	{ Change
TITLE			3.2 N/			
NAME CTREET ADDRESS			1		ADDRESS	
STREET ADDRESS			3.4. C		i	'
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		11-211	☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRES S					ADDRESS	5
CITY-ST-ZIP			4,4 CI			
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition
NAME			5.2 NA	AME.		
STREET ADORES S			1		r address	3
CITY-ST-ZIP			5.4 CI		T-ZIP	
TITLE		☐ DELETE	6 1 TI		i	☐ Change ☐ Addition
NAME			6.2 N/			
STREET ADDRESS			6.3 \$1	IREET	ADDRESS	j

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 according to the another than 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.

SIGNATU RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

(727) 5<u>30-297</u>