FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

SIGNATURE: &

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP

May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F41711 (5)CAR RADIOS, INC. Principal Place of Business Mailing Address * TIMOTHY E NOONEY % TIMOTHY E NOONEY 1731 CASSAT AVE 1731 CASSAT AVE. DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 Date Incorporated or Qualified 08/24/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2122995 Not Applicable 21 26 Suite Apt # etc Suite Apl. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 NOONEY, TIMOTHY E Name 1731 CASSAT AVE Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32210 83 Zip Code 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of eigestimed agent and title if applicable (NO1£ Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition TITLE 1.1 TITLE Change | NOONEY, SUSAN R NAME 1.2 NAME CR2E034 6162 FAULKNER DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NOONEY, TIMOTHY E NAME 2.2 NAMI 6162 FAULKNER DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 31 TITLE MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 🔲 DELETË 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE

62 NAME

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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Susan Dooney

FILED