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 26 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96029** **(6)**

1. Corporation Name

AERO MARINE ELECTRONICS, INC.

Principal Place of Business	Mailing Address
1234 CLYDE JONES RD ~~PO BOX 3269 (PO ZIP 34230-3269)~~ SARASOTA FL 34243 US	~~1234 CLYDE JONES RD~~ ~~PO BOX 3269 (PO ZIP 34230-3269)~~ ~~SARASOTA FL 34243~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1234 Clyde Jones Rd
Suite, Apt. #, etc. 22
City & State 23 Sarasota FL 3
Zip 24 34243 Country 25 USA

2a. Mailing Address
26 P.O. Box 1430
Suite, Apt. #, etc 27
City & State 28 TALLEVAST, FL
Zip 29 34270-1430 Country 30 USA

4. FEI Number: 59-2212941 ☐ 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

RADTKE, T. M.
1234 CLYDE JONES RD
SARASOTA FL 34243

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	PD	1.1 TITLE		☐ Change ☒ Addition
NAME	RADTKE, TED	1.2 NAME		
STREET ADDRESS	5723 3RD AVE WEST	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENION, FL 00000	1.4 CITY-ST-ZIP	34209	
TITLE	STD	2.1 TITLE		☐ Change ☒ Addition
NAME	RADTKE, ROSALIE	2.2 NAME		
STREET ADDRESS	5723 3RD AVE WEST	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	34209	
TITLE		3.1 TITLE		☐ Change ☒ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.M. RADTKE — 4-20-95 — 813-355-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0345166 CP