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

CITY-ST-ZIP

Apr 16 1998 8:00am **PROFIT** FLORID PARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPOBATIONS 1998 DOCUMENT # G91832 EXECUTIVE ELECTRONICS OF SOUTHWAST FLORIDA, INC Principal Place of Business Mailing Address 2098 J&C BLVD. 2098 J&C BLVD. NAPLES FL 34109 NAPLES FL 34109 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2363568 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Yes. □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRAUN, KELLY M Name HARTER, SECREST & EMERY 82 Street Address (P.O. Box nyar is Not Acceptable) 800 LAUREL OAK DR., SUITE 400 83 NAPLES FL 33963 84 City 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 ried agent and title it applicable (NOTE: flogistered Agent signature required when reinstating) DATE Signature, typed or printed nurse of re OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **K** Change Addition TITLE DILLETE 1.1 70146 TABOR, DUANE J. NAME 1.2 NAME **437 ROSEMEADE LN** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 2.1 TITLE TABOR, LINDA N. NAME 2.2 NAME **437 ROSEMEADE LN** STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - 7IP CITY-ST-ZIP TITLE DELETE 4.1.1ITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DLLETE Change Addition TITLE 5.1 TO LE NAME 5.2 NAME 4.16 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 1000024902**31**(hange -04/16/38--01015--025 DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME ***158.75 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 suppliemental 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 convention 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 chapter 607, or on an all actiment with an address.

FILED