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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # G94431

(5)

AVALON MARINE ELE Principal Place of Business 1598 CORDOVA RD		Mailing Address		, , ,,					
1532 CORDOVA ROAD	FT. LAUDERDALE FL 333	LAUDERDALE FL 33316-2125							
FT LAUDERDALE FL 33316 US	U	JS				3. Date Incorporated or C		Date of Last F	Report
2. Principal Place of Business	1 24	a. Mailing Address				04/03/1984 4. FEI Number		06/12/1996	pplied For
ti	26	ກ ້				59-2416870			ot Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc.			***************************************	5. Certificate of Status De	esired .	+	Additional
City & State	27	City & State		- 	· 	<u> </u>		Fee R	equired
23	28	¬ ´				6. Election Campaign Fin Trust Fund Contribution	~ ~~		May Be to Fees
	Country	Zip	Coun	try		B. This corporation has li			
25	29		30		,,-,,, <u>a,,</u>	Florida Statutes	☐ Yes	s 🔲 No _	
······································	Address of Current Reg	istered Agent		1 Na	me	10. Name and Address of	f New Registe	ered Agent	
MAGURIE, KEVIN A									
1598 CORDOVA RD FT LAUDERDALE FL			[8	32 Str	eet Addre	ss (P.O. Box Number is Not	Acceptable)		
I I DAUDENDALL I L	, 55010		8	33	·				
			-	84 Cit				85 Zip	Code
					· 			<u> </u>	
Pursuant to the provisions of office or registered agent, o	or both, in the State of Flo	rida. Such change was	utes, the abo authorized	ove-nan by the	corporation	on's board of directors. I her	it for the purpo eby accept the	appointment as	registered
office or registered agent o agent. I am familiar with an SIGNATURE Signous, typing or prints	or both, in the State of Flo diaccept the obligations and more tregistered agent and to	orida. Such change was of, Section 607.0505, F KEYIV A (No lite If applicable (No.	authorized Florida Statu 7 AC U.J. 2 DTE: Registered	by the tes.	corporatio	on's board of directors. I her	eby accept the	appointment as	s registered
office or registered agent o agent. I am tamiliar min. am SIGNATURE Signata: typed or print. 12.	or both, in the State of Flo d accept the obligations	orida, Such change was of, Section 607,0505, F	s authorized Florida Statu 2005: Registerad 13.	by the tes. Agent sign	corporatio	on's board of directors. I her	eby accept the	e appointment as	RS IN 12
office or registered agent o agent. I am familia militaria. SIGNATURE Signature typos or print. 12. TILE DP	or both, in the State of Florid accept the obligations ed note: registered agent and to OFFICERS AND DIRE	orida. Such change was of, Section 607.0505, F KEYIV A (No lite If applicable (No.	authorized Florida Statu 7 AC U.J. 2 DTE: Registered	by the tes. Agent light	corporatio	on's board of directors. I her	eby accept the	appointment as	RS IN 12
office or registered agont o agent. I am tamilia and t	or both, in the State of Flo diacoent the obligations of registered agent and to OFFICERS AND DIRE VIN A. VA RD.	orida, Such change was of, Section 607,0505, F	authorized Florida Statu PACULE DTE: Registered 13. 1.1 TITL 1.2 NAM	by the tes. Agent light	Corporation	on's board of directors. I her	eby accept the	e appointment as	RS IN 12
office or registered agont, o agent. I am familia agent. I am fami	or both, in the State of Flo diacoent the obligations of registered agent and to OFFICERS AND DIRE VIN A. VA RD.	of, Section 607.0505, F Section 607.0505, F Section 607.0505, F Section 607.0505, F (NC ECTORS DELETE	s authorized Florida Statu DTE: Registered 13. 1.1 TITL 1.2 NAM	by the tes. Agent sign	Corporation	on's board of directors. I her	eby accept the	AND DIRECTOR	RS IN 12
office or registered agont, o agent. I am familiar affice. SIGNATURE SIGNATURE SIGNATURE DP MAGUIRE, KE STREET ADDRESS CITY-SI-ZIP TITLE TOTAL DP MAGUIRE, KE 1532 CORDOV FORT LAUDEF	or both, in the State of Florid accept the obligations of registered agent and to OFFICERS AND DIRE VIN A. VA RD. ROALE FL	orida, Such change was of, Section 607,0505, F	authorized Florida Statu OTE: Registered . 13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 City 2.1 TITL	Agent light Agent light E AE E F AE F F AT AT AT AT AT AT AT AT	Corporation	on's board of directors. I her	eby accept the	e appointment as	RS IN 12
office or registered agont, o agent. I am familiar affice. SIGNATURE SIGNATURE SIGNATURE DP MAGUIRE, KE STREET ADDRESS CITY-SI-ZIP TITLE TOTAL DP MAGUIRE, KE 1532 CORDOV FORT LAUDEF	or both, in the State of Florid accept the obligations of registered agent and to OFFICERS AND DIRE VIN A. VA RD. ROALE FL	of, Section 607.0505, F Section 607.0505, F Section 607.0505, F Section 607.0505, F (NC ECTORS DELETE	authorized Florida Statu OTE: Registered . 13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 City 2.1 TITL 2.2 NAN	Agent sign Agent sign E ME EET ADDAN Y-ST-ZIP E ME	Corporation advise require	on's board of directors. I her	eby accept the	AND DIRECTOR	RS IN 12
office or registered agont, o agent. I am familiar affice or registered agont, o agent. I am familiar affice or print of the substitution of the s	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607,0505, F COTORS DELETE	S authorized Florida Statu DTE: Rogislered . 1.1 TITL 1.2 NAM 1.3 STRI 1.4 City 2.1 TITL 2.2 NAM 2.3 STRI 2.3 STRI	Agent Light E ME EET ADDAT E AGE EET ADDAT E AGE AGE EET ADDRE	Corporation advise require	on's board of directors. I her	eby accept the	AND DIRECTOR	RS IN 12
office or registered agont o agent. I am familiar afficients of the second of the seco	or both, in the State of Florid accept the obligations of registered agent and to OFFICERS AND DIRE VIN A. VA RD. ROALE FL	of, Section 607,0505, F COTORS DELETE	S authorized Florida Statu DTE: Rogislered . 1.1 TITL 1.2 NAM 1.3 STRI 1.4 City 2.1 TITL 2.2 NAM 2.3 STRI 2.3 STRI	by the test. Agent ion E AE AE EET ADDRE F-ST-ZIP E AE EET ADDRE Y-ST-ZIP Y-ST-ZIP	Corporation advise require	on's board of directors. I her	eby accept the	AND DIRECTOR	RS IN 12 Addition
office or registered agont o agent. I am familiar afficients of the second of the seco	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F CONTROL OF A CONTRO	S authorized Florida Statu 2 Status 2 TE: Registered . 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CITY	Agent Lion E AE EET ADDAR (-ST-ZIP E AE EET ADDRR Y-ST-ZIP E	Corporation advise require	on's board of directors. I her	eby accept the	AND DIRECTOR Change	RS IN 12 Addition
office or registered agont o agent. I am familiar afficients of agent. I am familiar a	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F CONTROL OF A CONTRO	S authorized Florida Statu 2 Status 13. 1.1 TITL 12 NAM 13 STRI 14 CITY 21 TITL 22 NAM 2.3 STRI 2.4 CIT 3.1 TITL 32 NAM	Agent Lion E AE EET ADDAR (-ST-ZIP E AE EET ADDRR Y-ST-ZIP E	ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change	RS IN 12 Addition
office or registered agont o agent. I am familiar afficients for a	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F of, Section 607.0505, F ine if applicable (NC ECTORS DELETE DELETE	S authorized Florida Statu 2	by the test. Again Lion E ME EET ADDRIF Y-ST-ZIP E ME EET ADDRIF Y-ST-ZIP E ME EET ADDRIF Y-ST-ZIP E ME Y-ST-ZIP	ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	RS IN 12 Addition Addition
OFFICE OF REGISTERED AGONT, O AGENT. I AM TANUILLA MAGUIRE, KEY STREET ADDRESS COTY-SI-ZIP TITLE NAME STREET ADDRESS COTY-SI-ZIP	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F CONTROL OF A CONTRO	S authorized Florida Statu 2	by the test. Again Lion E AE EET ADDAR Y-ST-ZIP E AE EET ADDRI Y-ST-ZIP E AE EET ADDRI Y-ST-ZIP E AE EET ADDRI Y-ST-ZIP E	ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change	RS IN 12
office or registered agont, o agent. I am familiar afficients. SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F of, Section 607.0505, F ine if applicable (NC ECTORS DELETE DELETE	authorized Florida Statu DTE: Registered / 13. 1.1 TITL 12 NAM 13 STRI 14 CITY 21 TITL 22 NAM 23 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	by the test. E ME EET ADDAR Y-ST-ZIP E ME AE EET ADDRI Y-ST-ZIP E ME EET ADDRI H ME ME ME	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	RS IN 12 Addition Addition
office or registered agont, o agent. I am familia agent. I am fami	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F of, Section 607.0505, F ine if applicable (NC ECTORS DELETE DELETE	authorized Florida Statu DTE: Registered 13. 1.1 TITL 1.2 NAM 1.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 4.4 STRI 4.3	E AGENT ADDRESS OF THE PROPERTY OF THE PROPERT	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	RS IN 12 Addition Addition
office or registered agont, o agent. I am familia agent. I am fami	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607.0505, F of, Section 607.0505, F ine if applicable (NC ECTORS DELETE DELETE	authorized Florida Statu DTE: Registered 13. 1.1 TITL 1.2 NAM 1.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 4.4 STRI 4.3 STRI 4.4 STRI 4.4 STRI 4.5	E AGENT ADDRIFT ADDRIF	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
office or registered agont, o agent. I am familiar afficients. SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607,0505, F of, Section 607,0505, F intell applicable (NS ECTORS DELETE DELETE DELETE	authorized Florida Statu DTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY 4.4 CITY	by the test. E AGENT ADDRE (-ST-ZIP E AE EET ADDRE Y-ST-ZIP E EET ADDRE Y-ST-ZIP E ME EET ADDRE (-ST-ZIP E ME EET ADDRE F ME EET ADDRE F E E E E E E E E E E E E	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
Office or registered agont, o agent. I am familiar afficients and familiar afficients. Signature 12. Title NAME STREET ADDRESS CITY-SI-ZIP TITLE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE TIT	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607,0505, F of, Section 607,0505, F intell applicable (NS ECTORS DELETE DELETE DELETE	3 authorized Florida Statu 2 13. 1.1 TiTL 1.2 NAN 1.3 STRI 1.4 CiTy 2.1 TiTL 2.2 NAN 2.3 STRI 2.4 CIT 3.1 FITL 3.2 NAN 3.3 STRI 4.1 TiTL 4.2 NAN 4.3 STRI 4.4 CITy 5.1 TITL 5.2 NAN	by the test. E AGENT ADDRE (-ST-ZIP E AE EET ADDRE Y-ST-ZIP E EET ADDRE Y-ST-ZIP E ME EET ADDRE (-ST-ZIP E ME EET ADDRE F ME EET ADDRE F E E E E E E E E E E E E	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	RS IN 12 Addition Addition
office or registered agont, o agent. I am familiar afficients agent. I am familiar afficients agent. I am familiar afficients. SIGNATURE 12. TILLE NAME SIREET ADDRESS CITY-SI-7/P TILLE NAME NAME SIREET ADDRESS CITY-SI-7/P TILLE NAME NAME SIREET ADDRESS CITY-SI-7/P TILLE NAME	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	DELETE DELETE DELETE	3 authorized Florida Statu 3 TE: Rogislered 13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STRI 2.4 CITI 3.1 TITL 4.2 NAN 4.3 STRI 4.1 TITL 4.2 NAN 5.3 STRI 5.4 CITI 5.1 TITL 5.2 NAN 5.3 STRI 5.4 CITY 5.4 CITY 5.5 STRI 5.4 CITY 5.5 STRI 5.4 CITY 5.5 STRI 5.5 CITY 5.7 STRI 5.4 CITY 5.5 STRI 5.5 CITY 5.7 STRI 5.5 CITY 5.7 STRI 5.4 CITY 5.7 STRI 5.4 CITY 5.5 STRI 5.5 CITY 5.7 STRI 5.4 CITY 5.7 STRI 5.4 CITY 5.7 STRI 5.4 CITY	by the test. Agent ion E AE EET ADDRE (-ST-ZIP E AE EET ADDRE Y-ST-ZIP E ME EET ADDRE (-ST-ZIP E AE	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change Change	Addition Addition Addition
office or registered agont, o agent. I am familia agent. I am fami	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	of, Section 607,0505, F of, Section 607,0505, F intell applicable (NS ECTORS DELETE DELETE DELETE	S authorized clorida Statu 2 2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 1 2	by the test. Agent ion E AE EET ADDAR (-ST-ZIP E AE EET ADDR Y-ST-ZIP E ME EET ADDR (-ST-ZIP E ME EET ADDR (-ST-ZIP E E EET ADDR (-ST-ZIP E E EET ADDR (-ST-ZIP E E EET ADOR (-ST-ZIP E	ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change	Addition Addition Addition
office or registered agont, o agent. I am familiar afficients. SIGNATURE 12. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	DELETE DELETE DELETE	S authorized cauthorized cauthorized Statu 2 2 3 2 1 1 1 1 1 1 1 1 1 1 2 1 2 1 1 1 1	by the test. E AE EET ADDRE (-ST-ZIP E AE EET ADDRE Y-ST-ZIP E AE EET ADDRE (-ST-ZIP E E EET ADDRE (-ST-ZIP E AE AE EET ADDRE (-ST-ZIP E AE AE AE AE AE EET ADDRE (-ST-ZIP E AE AE AE E E E E AE E AE E E E E E E	ESS ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DP MAGUIRE, KEY 1532 CORDON FORT LAUDEF V.P. JILL N. HA IZOO SW II FORT LAUDEF TITLE NAME SIGNATURE SIGNATURE ISOURCE, KEY ISOURCE	or both, in the State of Florid accept the obligations of registered agent and the OFFICERS AND DIRECTOR AND DIRECTOR OF THE OFFICERS AND DIRECTOR OFFICERS AND	DELETE DELETE DELETE	S authorized clorida Statu 2	by the test. Agent ion E AE EET ADDAR (-ST-ZIP E AE EET ADDR Y-ST-ZIP E ME EET ADDR (-ST-ZIP E ME EET ADDR (-ST-ZIP E E EET ADDR (-ST-ZIP E E EET ADDR (-ST-ZIP E E EET ADOR (-ST-ZIP E	ESS ESS ESS	on's board of directors. I her	eby accept the	AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition

MASUIRE, PRESIDENT 4/23/97