

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G94431 (5)**  
 1. Corporation Name  
**AVALON MARINE ELECTRONICS, INC.**



Principal Place of Business: 1598 CORDOVA RD, 1532 CORDOVA ROAD, FT LAUDERDALE FL 33316 US  
 Mailing Address: 1598 CORDOVA RD, FT. LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1984**  
 4. FEI Number: **59-2416870** 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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country  
 2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country  
 30. Name and Address of Current Registered Agent

**MAGUIRE, KEVIN A**  
**1598 CORDOVA RD**  
**FT LAUDERDALE FL 33316**

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: *[Signature]* **KEVIN A. MAGUIRE** **4/24/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | DP <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAGUIRE, KEVIN A.                             | 1.2 NAME  |   |
| STREET ADDRESS             | 1532 CORDOVA RD.                              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FORT LAUDERDALE FL                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARMAN, JILL N.                               | 2.2 NAME  |   |
| STREET ADDRESS             | 1200 SW 12 ST. #D-208                         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL                             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **KEVIN A Maguire** **4/24/98** **951-527-4047**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY OF FILING # 0286674

CR2E034 (10/97)