

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 01 1996 8:00 am  
Secretary of State

DOCUMENT # **G95747** (3)

1. Corporation Name

**GO ELECTRONIC SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**13014 N. DALE MABRY HWY.  
TAMPA FL 33618**

**15722 GARDENSIDE LANE  
TAMPA FL 33624  
US**

3. Date Incorporated or Qualified

**04/11/1984**

3a. Date of Last Report

**11/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

4. FEI Number

**59-2403525**

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

10. Name and Address of New Registered Agent

**O'KASH, MICHAEL G.  
15722 GARDENSIDE LANE  
TAMPA FL 33624**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Michael G. Okash Pres. Reg. Agent Michael G. Okash*

**1/29/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 13 changed, or both, in an attachment with an address.

SIGNATURE:

*Michael G. Okash Pres. Michael G. Okash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)