

4-24-98 B 5473 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **H68636** (0)
1. Corporation Name
PACE ELECTRONICS, INC.



| | |
|---|---|
| Principal Place of Business 204 SO SEMORAN BLVD ORLANDO FL 32807 US | Mailing Address 204 SO SEMORAN BLVD ORLANDO FL 32807 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------------|------------------------|------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/29/1985 | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | 28 | 4. FEI Number 59-2564294 | Applied For Not Applicable |
| 22 City & State | 27 | 28 City & State | 29 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| g. Name and Address of Current Registered Agent ALZNER, FRED C. 204 SO SEMORAN BLVD ORLANDO FL 32807 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 10. Name and Address of New Registered Agent | |
| 81 Name ENIX, David A | 82 Street Address (P.O. Box Number is Not Acceptable) 204 S SEMORAN BLVD |
| 83 | 84 City ORLANDO |
| 85 Zip Code 32807 | 86 State FL |

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 David Enix David Enix VP & CFO 3-26-98
Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE CD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE VP & CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ALZNER, FRED | | 1.2 NAME DAVID ENIX | |
| STREET ADDRESS 2504 ST. PARTIN PL. | | 1.3 STREET ADDRESS 11313 DAVISON LANE | |
| CITY-ST-ZIP ORLANDO FL | | 1.4 CITY-ST-ZIP TAVARES FL 32778 | |
| TITLE CD | <input type="checkbox"/> DELETE | 2.1 TITLE PRESIDENT & CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME PERROTTI, FRED O. | | 2.2 NAME JOSEPH GIAMMARUSCO | |
| STREET ADDRESS 8012 OLD TOWN DR | | 2.3 STREET ADDRESS 2956 DAYHEAD RUN | |
| CITY-ST-ZIP ORLANDO FL | | 2.4 CITY-ST-ZIP ORLANDO, FL 32765 | |
| TITLE VP | <input type="checkbox"/> DELETE | 3.1 TITLE VP, TREASURER, COO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PEROTTI, ROBERT S | | 3.2 NAME ROBERT PERROTTI | |
| STREET ADDRESS 926 GROVESMERE LOOP | | 3.3 STREET ADDRESS 926 GROVESMERE LOOP | |
| CITY-ST-ZIP OCFEE FL | | 3.4 CITY-ST-ZIP OCFEE, FL 34761 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE CHAIRMAN EMERITUS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME FRED PERROTTI | |
| STREET ADDRESS | | 4.3 STREET ADDRESS 8012 OLD TOWN DRIVE | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP ORLANDO, FL 32819 | |
| 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 on an attachment with an address.

SIGNATURE: David Enix David Enix 3-26-98 (and 205-2400)

CR2E034 (10/97)