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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J47214 1. Corporation Name

ENDICOTT ELECTRONICS, INC.

Principal Place	of Business	Mailing Address				{
4450 ENTERPRI		4450 ENTERPRISE CT				
H		H				
MELBOURNE FL 32934		MELBOURNE FL 32934			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed
		T & \$4.00 - Add				12/11/1986 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address				1 · · · · · · · · · · · · · · · · · · ·
21	44	Suite, Apt. #, etc.				59-2753956 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.					5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
		├ ¬ ′	28			Trust Fund Contribution Added to Fees
Zip Country			Zip Country			8. This corporation owes the current year Intangible
24	25	29 30	i .			Personal Property Tax.
2-4	9. Name and Address of Current		'			10. Name and Address of New Registered Agent
			81	Name)	
	/ARDS, JAMES		82	Stron	t Addre	ess (P.O. Box Number is Not Acceptable)
670	WATERWOOD WAY		02	0000	i Addio.	Cos (1.0. Box Hambal Is Not Absorbed by
MEL	BOURNE FL 32940		83			
			84	City		85 Zip Code
			- 1	1		FL ·
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the cor	d corpo poration	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Ager	nt signatur	required v	d when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE	_		☐ Change ☐ Addition
NAME	EDWARDS, JAMES B.		1.2 NAME			
STREET ADORESS	670 WATERWOOD WAY		1.3 STREE	TADDRES	s	
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-S	T-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	EDWARDS, MARGARET J.		2.2 NAME			
STREET ADDRESS	670 WATERWOOD WAY		2.3 STREE	TADDRES	s	
CITY-ST-ZIP	MELBOURNE FL 32940		2. 4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME '			3.2 NAME			
STREET ADDRESS		- · -	3.3 STREE	TADDRES	S	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	1	
TITLE		☐ DELETE	4.1 TTLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRES	s	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		□ Change □ Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	T ADONC	أ	
STREET ADDRESS			5.3 STREE		۱"	
CITY-ST-ZIP		□ Scierc	5.4 CITY-S 6.1 TITLE	11-ZIP	┼—	☐ Change ☐ Addition
TITLE		☐ DELETE				
NAME			6.2 NAME	T ADDOC		
STREET ADDRESS			6.3 STREE		۱"	
CITY OF ZID			6.4 CITY-S	ii-ZP	1	

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, with all other like empowered.