05-06-1999 90242 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #		J96502	
1.	Corporation Name		000002

ETS MARINE ELECTRONICS, INC.

Principal Place of Business

#1240

TAMPA FL 33607

Mailing Address

85

Zip Code

1107 N. WARD ST. TAMPA FL 33607	1107 N. WARD ST. TAMPA FL 33607	DO NOT WRITE IN THIS SPACE		
•		3. Date Incorporated or Qualifed		
		10/09/1987		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For		
21	26	59-2862367 Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	City & State	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country	Zip Co 29 30	Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes □ No		
9. Name and Address of Cu	rrent Registered Agent	10. Name and Address of New Registered Agent		
CASSATO, JOHN P.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		

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, and accept the obligations of Section 607.0505. Florida Statutes

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agent. I am familiar with, and accept the obligations of, Section 007.0005, Fibrida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: F	egistered Agent signature r	equired when reinstating) DATE	— \				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PTS DELETE	1.1 TITLE	☐ Change	Addition				
NAME	CASSATO, JOHN P.	1.2 NAME		1				
STREET ADDRESS	3624 STERLING CIRCLE W.	1.3 STREET ADDRESS		Į				
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		ŀ				
TITLE	DELETE	2.1 TITLE	☐ Change	Addition				
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		{				
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition				
NAME		3.2 NAME	,	l				
STREET ADDRESS		3.3 STREET ADDRESS		1				
CITY-ST-ZIP		3.4. CITY-ST-ZIP		İ				
TITLE	☐ DELETE	4.1 TITLE	Change	Addition				
NAME		4. 2 NAME		- 1				
STREET ADORESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change [Addition				
NAME		5.2 NAME		1				
STREET ADDRESS		5.3 STREET ADDRESS						
C/TY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition				
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS		ì				
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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR