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

DOCUMENT # K19397 (4)

1. Corporation Name

DANTRONICS, INC.

Principal Place of Business	Mailing Address
117 NW 43 ST SUITE 9 BOCA RATON FL 33431 US	117 NW 43 ST SUITE 9 BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 6550 ROGERS CIRCLE
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON
24: Zip: 33484
25: Country: PALM BEACH

2a. Mailing Address
26: 6550 ROGERS CIRCLE
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON
29: Zip: 33484
30: Country: PALM BEACH

4. FEI Number: 65-0046084 ☐ 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

GERCKE, ANNE-LISE
4449 N.W. BOCA RATON BLVD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: FIDENCIO S. PLATT
82 Street Address (P.O. Box Number is Not Acceptable): 4449 N.W. BOCA RATON BLVD
83:
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: X Fidencio D Platt DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PLATT, FIDENCIO		1.2 NAME	
STREET ADDRESS	4449 NW BOCA RATON BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PLATT, DENISE		2.2 NAME	
STREET ADDRESS	4449 NW BOCA RATON BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	500001854435
STREET ADDRESS			4.3 STREET ADDRESS	-06/06/96--01120--010
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***25.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	000001854440
STREET ADDRESS			5.3 STREET ADDRESS	-06/06/96--01120--011
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6-6-96
STREET ADDRESS			6.3 STREET ADDRESS	JR
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Fidencio D Platt 3/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #