

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L19215**

1. Entity Name  
**ASSOCIATED MARINE ELECTRONICS OF BROWARD,  
INC.**



Principal Place of Business

**1100 NE 7TH AVENUE  
SUITE A  
DANIA, FL 33004 US**

Mailing Address

**1100 NE 7TH AVENUE  
SUITE A  
DANIA, FL 33004 US**

**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0147030**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPRECHMAN, STEVEN B., P.A.  
18305 BISCAYNE BLVD.  
SUITE 213  
NORTH MIAMI BEACH, FL 33160**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000096365  
03/26/04-80018-023 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RICHARDSON, WALTER S.  
1100 NE 7TH AVENUE, SUITE A  
DANIA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GROSSMAN, JEFFREY  
1100 NE 7TH AVENUE, SUITE A  
DANIA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/2004**

Date

**954-927-1804**

Daytime Phone #