**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L30702

1. Corporation Name

LOWELL ELECTRONICS, INC.

Principal Place of Business Mailing Address								
3754 N.W. 80TH STREET MIAMI FL 33147-4443		3754 N.W. 80TH STREET MIAMI FL 33147-4443				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/20/1989	- 1	
2. Principal Pl	tace of Business	2a. Mailing Address				4. FEI Number Applied	For	
21		26			-	59-1768053 Not App	olicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additing Fee Requires		
City & State	е	City & State				6. Election Campaign Financing \$5.00 May	Be	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intangible		
24	25 29 30		30			Personal Property Tax.	10	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent		
KASI	HENBERG, BERNARD			۱'°	Name	<u></u>		
934 N.E. 24TH AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
HALLANDALE FL 33009				83				
I I West	2 4 4 5 A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			•3				
				84	City	FI 85 Zip Code		
44 5	4. H	2 and 607 4508 Florida St	ntutos the at	070	named c	corporation submits this statement for the purpose of changing its regis	stered	
office or n	egistered agent, or both, in the State	of Florida. Such change wa	is authorized	by t	the corpor	oration's board of directors. I hereby accept the appointment as register	red	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Statu	tes.		•	1	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if singleship. //	IOTE: Registered	Agent	sionature rec	equired when reinstating) DATE	— [	
12.					. o.g.idia/o to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12	
TITLE				1.1 TITLE		☐ Change ☐	Addition	
NAME	KASHENBERG, BERNARD		1.2 NA	1.2 NAME				
STREET ADDRESS	COANE OF AME			1.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CIT	1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE _		☐ Change	Addition	
NAME			2.2 NA	ΜE			1	
STREET ADDRESS			2.3 ST	REET.	ADORESS			
CITY-ST-ZIP			2.4 CF	Y-ST	r-zip			
TITLE		☐ DELETE	3.1 TIT	LE		[] Change	Addition	
NAME			3 2 NA	ME	ļ			
STREET ADDRESS		~	3.3 STI	REET.	ADDRESS			
CITY-ST-ZIP			3.4. CI	Y-\$T	Γ- Z <del>i</del> P			
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐	] Addition	
NAME	ı		4. 2 N	ME			}	
STREET ADDRESS			4.3 ST	REET	ADDRESS			
C/TY-ST-ZIP			4.4 CIT		-ZIP		7 A delikan	
TITLE		DELETE			Ì	☐ Change	] Addition	
NAME 52N								
OTDEET ADDRESS		3	5.3 STI	REET	ADDRESS	1		

64 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

ME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90057 020 \*\*\*158.75

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Addition