

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Maynard
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

13 MAY - 1 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L80599 (8)

1. Corporation Name:

OFFSHORE MARINE ELECTRONICS, INC.

Principal Place of Business:

**% JOHN MAIER
8459 GARDEN GATE PL.
BOCA RATON FL 33433**

Mailing Address:

**% JOHN MAIER
8459 GARDEN GATE PL.
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/12/1990** 3a. Date of Last Report: **04/26/1994**

4. FEI Number: **65-0202487** 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 actively or inactively tax under the 1981-1982 Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business:

21. Suite Apt. # etc. 26. Suite Apt. # etc.

22. City & State 27. City & State

23. 28.

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAIER, JOHN
8459 GARDEN GATE PL.
BOCA RATON FL 33433**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02 and 601.03, 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 this appointment as registered agent. I am familiar with and accept the obligations of registered agent, Florida Statutes.

SIGNATURE

(Signature of Officer or Director of Corporation)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: **PD5 MAIER, JOHN**
STREET ADDRESS: **8459 GARDEN GATE PL.**
CITY: **BOCA RATON FL**

NAME: **VT MAIER, JOHN**
STREET ADDRESS: **8459 GARDEN GATE PL.**
CITY: **BOCA RATON FL**

NAME: **S maier, Mary**
STREET ADDRESS: **8459 Garden Gate Pl.**
CITY: **Boca Raton FL**

NAME: **MAIER, JOHN**
STREET ADDRESS: **8459 GARDEN GATE PL.**
CITY: **BOCA RATON FL**

NAME: **MAIER, JOHN**
STREET ADDRESS: **8459 GARDEN GATE PL.**
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STREET ADDRESS: **8459 GARDEN GATE PL.**
CITY: **BOCA RATON FL**

NAME: **PD** ☒ Change ☐ Addition

NAME: ☐ Change ☐ Addition

NAME: ☐ Change ☒ Addition

NAME: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 601.01(1)(b), Florida Statutes. I further certify that the information published 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 registered agent responsible to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE:

John W Maier **John W Maier**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/19/95

407-483-3765