

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 28 AM 8:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address
of Limited Liability Company
DOCUMENT # L94000000309

MEISTER ELECTRONICS, L.C.
~~100 N. TAMPA ST.~~
~~SUITE 2030~~
TAMPA FL 33602

1a. Principal Place of Business Address

~~100 N. TAMPA ST.~~
~~SUITE 2030~~
TAMPA FL 33602

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business
712 CORAL REEF DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
712 CORAL REEF DRIVE
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33602

City & State
TAMPA, FL
Zip
33602

3. Date Organized or Qualified
07/07/1994

3a. State of Formation
FL

4. FEI Number
59-3277196

☐ Applied For
☐ Not Applicable

5. Date of Last Report
02/08/1996

6. Certificate of Status Desired
☒ Additional Fee Required ☐

7. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

8. Name and Address of New Registered Agent

Name
JOHN H CROWIN JR
Street Address (P.O. Box Number is Not Acceptable)
2560 GULF-TO-BAY BLVD.
Suite, Apt. #, etc.
200
City
CLEARWATER **FL** Zip Code
34625

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *John H Crowin Jr* DATE **2/10/97**
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-statuting)

10. Title Managing Member/Managers Business Street Address City, State and Zip Code

MGRM PH HOLDINGS, L.C.

712 CORAL REEF DRIVE

TAMPA FL 33602

MEM MEISTER, FRITZ E

712 CORAL REEF DRIVE

TAMPA FL 33602

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******203.75 ****203.75**

15P
4/29/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/18/97** **813-222-0116**
(Signature and Typed or Printed Name of Signing Managing Member or Manager) Date Daytime Phone #