SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** M26517 (6)STEVENS MARINE ELECTRONICS, INC. Mailing Address Principal Place of Business C/O STEVEN WALSH C/O STEVEN WALSH 648 HOLLY LN. 648 HOLLY LN. PLANTATION FL 33317 PLANTATION FL 33317 3a. Date of Last Report 3. Date Incorporated or Qualified 01/28/1986 04/27/1995 Applied Far 2a. Mailing Address 4 FE! Number 2. Principal Place of Business 59-2668670 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Żφ Zip ∐ Yes [] No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALSH, STEVEN Street Address (P.O. Box Number is Not Acceptable) **648 HOLLY LANE B2 PLANTATION FL 33317** 83 85 Zip Code City 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 hoard of directors. I nereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable (NOTE: Registered Agent signature required when reinstating) (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE UTHILE TITLE CR2E034 WALSH, STEVEN 1.2 NAME NAME 648 HOLLY LAKE 13 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 2 2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C!TY - ST - ZIP CITY-ST-ZiP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST ZIP 14. I do bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 office or girector of the corporation or the receiver or trustee empowered to execute this laptor as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed of in an attachment with an address. CITY - ST - ZIP

SIGNATURE: