## FILE NOW: FILING FEE IS \$61.25

TITLE

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

Mar 06 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthagy : ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N41680 (2) ELECTRONIC DESIGN ASSOCIATION, INC. Principal Place of Business Mailing Address 8900 S.W. 18TH ROAD +512 S. COUNTRY OLUB-DR. 3. Date Incorporated or Qualified **BOCA RATON FL 33433** ATLANTIS FL 33462-1240 01/14/1991 4. FEI Number Applied For 65-0235879 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 26 1501 ACE 18010 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Country US 4 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILLIAMS, JOHN S Street Address (P.O. Box Number is Not Acceptable) \*612 S. COUNTRY CLUB DRIVE ATLANTIS FL 83462 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or orth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am families 19), and do got too obligations of Section 617.0503, Florida Statutes.

SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PRESIDENT, DIRACTOR Change TITLE 1.1 TITLE GARTEL, LAURENCE NAME 1.2 NAME 12650 BDACK OLIVE DR. STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FE CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME HALL, BOB E 2.2 NAME 4047 OKEECHOBEE BLVD STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH &L CITY-ST-ZIP 2. 4 CITY-ST-ZIP YPOLOXO DELETE S. WILLIAMS Change Addition 3.1 TITLE TITLE TREMEWICER, DIRECTOR WILLIAMS, JOHN S NAME 3.2 NAME 7801 ACE ROAD 612 S. COUNTRY CLUB-DR. 3.3 STREET ADDRESS STREET ADDRESS **38467 - 3143** FL ATLANTIS FL 3.4. CITY - ST - ZIP CITY-ST-ZIP SECRETARY DIRECT TITLE <del>DS</del> DELETE 4.1 TITLE DIRECTOR LI Change MALL, SUSAN NAME 4. 2 NAME trib NW THRO AVG 7500 NW 1 CT #110 STREET ADDRESS 4.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

NOW S. WILLIAM

6.4 CITY - ST - ZIP Thereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes in an attachment with an address.

**FILED** 

Change