FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15264** **(5)**

1. Corporation Name
NEW YORKER ELECTRONICS CO. INC.

Principal Place of Business	Mailing Address
420 CENTER AVENUE MAMARONECK NY 10543	420 CENTER AVENUE MAMARONECK NY 10543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1987	03/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **13-1666917** ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRISS, RONALD A 2 S BISCAYNE BLVD #3400, ONE BISCAYNE TWR MIAMI FL 33131-1897	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 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 board of directors. I hereby 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 if applicable) (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	SLIVKA, SAMUEL A.	12 NAME	SETH SLIVKA
STREET ADDRESS	420 CENTER AVENUE	13 STREET ADDRESS	420 CENTER AVENUE
CITY ST ZIP	MAMARONECK NY	14 CITY ST ZIP	MAMARONECK, NY
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	SLIVKA, HARRIET	22 NAME	
STREET ADDRESS	420 CENTER AVENUE	23 STREET ADDRESS	
CITY ST ZIP	MAMARONECK NY	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SLIVKA, MARK H.	32 NAME	
STREET ADDRESS	420 CENTER AVENUE	33 STREET ADDRESS	
CITY ST ZIP	MAMARONECK NY	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SLIVKA, A.I.	42 NAME	
STREET ADDRESS	420 CENTER AVENUE	43 STREET ADDRESS	
CITY ST ZIP	MAMARONECK NY	44 CITY ST ZIP	
TITLE	VICE PRESIDENT	51 TITLE	☐ Change ☐ Addition
NAME	SETH SLIVKA	52 NAME	
STREET ADDRESS	420 CENTER AVENUE	53 STREET ADDRESS	
CITY ST ZIP	MAMARONECK, NY	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 complete 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.

SIGNATURE: Mark H Slivka MARK H SLIVKA, TREASURER 4/24/95 9146987600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478007 FP