

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

APPROVED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

1996 MAY 25 PM 3:56

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P38658 (1)

1. Corporation Name

SOUTH-TEK MOBILE SYSTEMS CO.



Principal Place of Business

5700 INDUSTRIAL BOULEVARD  
MILTON FL 32583

Mailing Address

5700 INDUSTRIAL BOULEVARD  
MILTON FL 32583

3. Date Incorporated or Qualified

05/05/1992

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

IRWIN, SHIRLEY  
5700 INDUSTRIAL BLVD.  
MILTON FL 32583

10. Name and Address of New Registered Agent

81

Name  
CORPORATION SERVICE COMPANY

82

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

83

84

City  
Tallahassee

FL

85

Zip Code  
32301

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. Karen B. Rozar, as its agent

SIGNATURE

*Karen B. Rozar*

(Typed Name of Registered Agent Signature, required when registering)

4-24-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MASH, NATHAN  
STREET ADDRESS 19516 PLANTERS POINT DR.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME VD  
IRWIN, SHIRLEY  
STREET ADDRESS 7885 GULF BLVD.  
CITY-ST-ZIP NAVARRE BEACH FL

TITLE ☐ DELETE

NAME STD  
ELLIN, LESTER  
STREET ADDRESS ONE CORPORATE CTR. #335  
CITY-ST-ZIP OWINGS MILLS MD

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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, or on an attachment with an address

SIGNATURE:

*Karen B. Rozar*

(Typed Name of Signing Officer or Director)

4/23/96

410-72-5285

Daytime Phone #

CR2E034 (12/95)