FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
B-5954-C

APPROVED AND FILED

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014619 (0)

1. Corporate Name

COSMIC ELECTRONICS, INC.

Principal Place of Business: 5201 13TH AVENUE NORTH, ST. PETERSBURG FL 33701

Mailing Address: 5201 13TH AVENUE NORTH, ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3137467 ☐ 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

2. Principal Place of Business
21: 4925 28 Ave, N.
22 Suite, Apt. #, etc.: NA
23 City & State: St. Petersburg, FL.
24 Zip: 33710
25 County: Pinellas

2a. Mailing Address
26: 4925 28 Ave N.
27 Suite, Apt. #, etc.: NA
28 City & State: St. Petersburg FL.
29 Zip: 33710
30 County: Pinellas

9. **Name and Address of Current Registered Agent**

LAWSON, DONALD E
4925 28TH AVE NO
ST PETERSBURG FL 33710

10. **Name and Address of New Registered Agent**

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	P/O/S/T ☒ Change ☐ Addition
NAME	LAWSON, DONALD E	12 NAME	Donald E, Lawson
STREET ADDRESS	4925 28TH AVENUE NORTH	13 STREET ADDRESS	4925 28 Ave N
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Pete FL. 33710
TITLE	DP	21 TITLE	None ☒ Change ☐ Addition
NAME	SCHWEIGER, THADDEUS J	22 NAME	Schweiger, thaddeus J.
STREET ADDRESS	5201 13TH AVENUE NORTH	23 STREET ADDRESS	5201 13 Ave N
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Pete FL. 33710
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: Donald E. Lawson V.P. — 4/30/95 — 813-323-3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446023 FP