

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. WILSON
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # P93000008224 (6)

OCEAN MARINE ELECTRONICS, INC.

95 MAY -1 AM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000 U.S. HIGHWAY ONE
LAKE PARK FL

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LAKE PARK FL

DO NOT WRITE IN THIS SPACE

3. Date of Report: 02/02/1993 3a. Date of Last Report: 05/01/1994

4. FID Number: 65-0388417 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

7. Does corporation have unpaid franchise tax under S. 199.037, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSSOW, GERALD Z
1216 U.S. HWY. ONE
OLD PORT COVE PLAZA
NORTH PALM BEACH FL 33408

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: FL 85. Zip Code:

11. I, the undersigned, Secretary of State, do hereby certify that the above named corporation has filed this statement for the purpose of changing its registered office to the address set forth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the attached rules, Chapter 199.037, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is Not Available)

Signature of New Registered Agent (If Not Available)

Signature of Secretary of State (If Not Available)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1. NAME: CLOSTER, JEFFREY M
2. STREET ADDRESS: 14362 CYPRESS ISLAND CT
3. CITY: PALM BCH GARDENS FL
4. NAME:
5. STREET ADDRESS:
6. CITY:
7. NAME:
8. STREET ADDRESS:
9. CITY:
10. NAME:
11. STREET ADDRESS:
12. CITY:
13. NAME:
14. STREET ADDRESS:
15. CITY:

1. NAME: ☐ Change ☐ Addition
2. STREET ADDRESS: ☐ Change ☐ Addition
3. CITY: ☐ Change ☐ Addition
4. NAME: ☐ Change ☐ Addition
5. STREET ADDRESS: ☐ Change ☐ Addition
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8. STREET ADDRESS: ☐ Change ☐ Addition
9. CITY: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY: ☐ Change ☐ Addition
13. NAME: ☐ Change ☐ Addition
14. STREET ADDRESS: ☐ Change ☐ Addition
15. CITY: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is completely furnished and does not qualify for the exemption stated in Section 199.037, Florida Statutes. I further certify that the information is true and correct and that the corporation has authorized me to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on the corporation's filing. I am familiar with and accept the attached rules, Chapter 199.037, Florida Statutes.

SIGNATURE:

Jeffrey Cloter, Pres 4/2/95 407-8639210