## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**₽**ROFIT **CORPORATION** ANNUAL REPORT

**19**98-



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013799 (0)

MAAS ELECTRONICS CORPORATION, INC.

## **FILED** May 20 1998 8:00am Secretary of State

Principal Place	Mailing Address	niling Address		a radistas ina iaida sirte adist aditi aditi aditi aditi aditi i	AND OUST SANCO SONIO INCI SUAL	
215 LAUREL PLACE		215 LAUREL PLACE	215 LAUREL PLACE			
TITUSVILLE FL 32780		TITUSVILLE FL 32780			DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	3 3F ACL
					02/15/1993	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3166863	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
<u></u>		27			S. Certificate of claths beside	Fee Required
City & State		— <u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23			Cour	des	Trust Fund Contribution	Added to Fees
Zip	<u>-</u>	<u></u>	Countr <b>30</b>		<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible
24	25 9. Name and Address of Curre	29  ent Registered Agent	[30]		10. Name and Address of New Registere	
DI S	PREY, MARIE A			81 Name		
215 LAUREL PLACE			ļ.	32 Street Add	ress (P.O. Box Number is Not Acceptable)	
	JSVILLE FL 32780		- 1'	Street Addi	ress (P.O. Box Number is Not Acceptable)	
			Ī	83		
			ļ.	B4 City		B5 Zip Code
			[	City	F	L Ba Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-named corp	poration 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature: Typed or prioted name of registered a			Agent signature requi	ired when reinstating) DATE	
12.	PVT OFFICERS A	ND DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DUPREY, MARIE A	C) present	1.2 NAM	1		CT Ordings CT Modition
STREET ADORESS	215 LAUREL PLACE			EET ADDRESS		
	TITUSVILLE FL 32780			Y-\$1-ZIP		
CITY-ST-ZIP TITLE	8	DELETE	2.1 Ti)t			Change Addition
NAME	MAAS, RALF		2.2 NAN			
STREET ADDRESS	215 LAUREL PLACE		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		2. 4 CII	Y- \$T- ZIP		
TITLE		DELETE	3.1 TITE			Change Addition
NAME			3.2 NAM	AE		
STREET ADDRESS			3.3 STR	EET ADORESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITO	E		Change Addition
NAME			4. 2 NA	ME		:
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y - \$1 - ZIP		
TITLE		☐ DELETE	5.1 TITU	.E		Change Addition
NAME			5.2 NAN	AE		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	_	Y-ST-ZIP		
TITLE		☐ DELETE	61 TITE	1		Change Addition
NAME			6.2 NAM	1		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		

14. I hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.