

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90075 027 \*\*\*150.00

DOCUMENT #

1. Corporation Name

COVERT ELECTRONICS, INC.

Principal Place of Business

Mailing Address

3399 Ponce De Leon Blvd.  
Suite # 204  
Coral Gables, Fl. 33134

3399 Ponce De Leon Blvd.  
Suite # 204  
Coral Gables, Fl. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1993

4. FEI Number

65-0408316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12805 SW 102 Avenue

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida 33176

24 Zip 25 Country

2a. Mailing Address

26 12805 SW 102 Avenue

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida 33176

29 Zip 30 Country

9. Name and Address of Current Registered Agent

Mr. Kenneth Lieberman  
417 Gerona Avenue  
Coral Gables, Fl. 33146

10. Name and Address of New Registered Agent

81 Name

Mr. Kenneth Lieberman

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

12805 SW 102 Avenue

83

84

Miami, Florida

FL

85

Zip Code 33176

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 reinstating)

DATE

4/8/99

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE  
NAME Kenneth Lieberman  
STREET ADDRESS 417 Gerona Avenue  
CITY-ST-ZIP Coral Gables, Fl. 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P/D ☒ Change ☐ Addition  
1.2 NAME Kenneth Lieberman  
1.3 STREET ADDRESS 12805 SW 102 Avenue  
1.4 CITY-ST-ZIP Miami, Florida 33176

2.1 TITLE VP/S ☐ Change ☒ Addition  
2.2 NAME Janeth Lieberman  
2.3 STREET ADDRESS 12805 SW 102 Avenue  
2.4 CITY-ST-ZIP Miami, Florida 33176

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

(305) 251-9925

Daytime Phone #

CR2E034 (1/98)