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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P 93000050764

1. Corporation Name
A 1 COMMUNICATIONS AND ELECTRONICS INC.

Principal Place of Business	Mailing Address
19 W UNIVERSITY AVE GAINESVILLE FL 32601	19 W UNIVERSITY AVE GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 7 13 93
3a. Date of Last Report: 8 14 96

2. Principal Place of Business	2a. Mailing Address
21 410 E HALLANDALE BEACH BLVD	26 410 E HALLANDALE BEACH BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HALLANDALE FL	28 City & State: HALLANDALE FL
24 Zip: 33009 25 Country: US	29 Zip: 33009 30 Country: US

4. FEI Number: 59-3196842 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDAU, RONALD 19 W UNIVERSITY AVE GAINESVILLE FL 32601	81 Name: LANDAU, RONALD 82 Street Address (P.O. Box Number is Not Acceptable): 410 E HALLANDALE BEACH BLVD 83 84 City: HOLLANDALE FL 85 Zip Code: 33009

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 _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPST LANDAU, RONALD 19 W UNIVERSITY AVE GAINESVILLE FL 32601 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~OPST~~ ~~LANDAU, RONALD~~ ~~19 W UNI~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~OPST~~ ~~410 E H~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	OPST LANDAU, RONALD 410 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	RW 5-6-97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200002179372 -05/15/97--01010--044 ***165.00 ☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: RONALD LANDAU PRES X 4 30 97 454 4589858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #