SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P94000024526 (3) DOCUMENT # REUTER ELECTRONICS, INC. Principal Place of Business Mailing Address 135 S. COURTENAY PARKWAY 135 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 3a. Date of Last Report 3. Date Incorporated or Qualified 03/28/1994 07/27/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3233513 Not Applicable Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032. 25 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 RITER, JERRY R 135 S. COURTENAY PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 83 84 City Zip Code 85 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 life if applicable th:OTE_Registered Agent signature required when resistating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/E)TITLE DELETE 1.1 THUE NAME riter, Jerry R 1.2 NAME CR2E034 28 LIME AVENUE STREET ADORESS 1.3 STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP TITLE DELFTE D 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 633 ORANGE COURT 2.3 STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 2 4 CITY - ST-ZIP DELETE TITLE 3.1 T:TLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TIFLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on the annual report or suppliernental 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 of direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 2 or Joseph 2 or on an attachment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-452-7440

made under oath, that I am an off that my name appears in Block 12

SIGNATURE: