FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000031637 (8)

1. Corporation Name

SQUITTER ELECTRONICS, INC.

Principal Place of Business

~~1500 NW 3 ST~~
~~SUITE 105~~
~~DEERFIELD BEACH FL 33442~~

Mailing Address

~~1500 NW 3 ST~~
~~SUITE 105~~
~~DEERFIELD BEACH FL 33442~~

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 792 S. MILITARY TRAIL
Suite, Apt. #, etc
22
City & State
23 DEERFIELD BEACH, FL
Zip 24 33442 Country 25 USA

2a. Mailing Address
26 792 S. MILITARY TRAIL
Suite, Apt. #, etc.
27
City & State
28 DEERFIELD BEACH, FL
Zip 29 33442 Country 30 USA

4. FEI Number: 65-0600607 ☐ 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

MELO, AJAX
1500 NW 3 ST
SUITE 105
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: MARY LOU MCMILLEN
82 Street Address (P.O. Box Number is Not Acceptable): 792 S. MILITARY TRAIL
83
84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

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: Mary Lou McMillen MARY LOU MCMILLEN — DATE: 4-30-96

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	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ZANGARO, LYSS		1.2 NAME	ZANGARO, LYSS	
STREET ADDRESS	1500 NW 3 ST SUITE 105		1.3 STREET ADDRESS	792 S. MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME			2.2 NAME	MELO, AJAX	
STREET ADDRESS			2.3 STREET ADDRESS	792 S. MILITARY TRAIL	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME			3.2 NAME	MCMILLEN, MARY LOU	
STREET ADDRESS			3.3 STREET ADDRESS	792 S. MILITARY TRAIL	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary Lou McMillen MARY LOU MCMILLEN 4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 954-438-7955

CR2E034 (12/95)