

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

FILED  
May 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000089537 (1)

1. Corporation Name

COBRA TECHNOLOGIES, INC.



Principal Place of Business

2851 REMINGTON GREEN CIRCLE  
SUITE C  
TALLAHASSEE FL 32308

Mailing Address

2851 REMINGTON GREEN CIRCLE  
SUITE C  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1995

4. FEI Number

59-3351864

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2873 Remington Green Circle

Suite, Apt. #, etc.

22 Suite A

City & State

23 Tallahassee, FL

Zip

24 32308

Country

25 USA

2a. Mailing Address

26 2873 Remington Green Circle

Suite, Apt. #, etc.

27 Suite A

City & State

28 Tallahassee, FL

Zip

29 32308

Country

30 USA

9. Name and Address of Current Registered Agent

ROWE, BRIAN  
2851 REMINGTON GREEN CIRCLE  
SUITE C  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME KOWE, BRIAN  
STREET ADDRESS 5385 PADDINGTON DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

TITLE VP  
NAME PALLISTER, NIGEL  
STREET ADDRESS 2015 FOREST GLEN CT.  
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ DELETE

TITLE VP  
NAME O'BRIEN, KEVIN  
STREET ADDRESS 3773 VALENCIA LANE WEST  
CITY-ST-ZIP PALM HARBOR FL 34684

☐ DELETE

TITLE T  
NAME SAWYER, TOM  
STREET ADDRESS 5725 N.E. 18TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME ROWE, BRIAN

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

15210 Amberly Drive #314  
Tampa, FL 33647

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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 in an attachment with an address.

CR2E034 (10/97)