

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

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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90038 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000089537

1. Corporation Name  
COBRA TECHNOLOGIES, INC.

Principal Place of Business  
2873 REMINGTON GREEN CIRCLE  
SUITE A  
TALLAHASSEE FL 32308  
US

Mailing Address  
2873 REMINGTON GREEN CIRCLE  
SUITE A  
TALLAHASSEE FL 32308  
US

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

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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)

2873 Remington Green Circle

83 Suite A

84 City

Tallahassee,

FL

85 Zip Code

32308

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
ROWE, BRIAN  
5385 PADDINGTON DRIVE  
TALLAHASSEE FL 32308

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
PALLISTER, NIGEL  
2015 FOREST GLEN CT.  
TALLAHASSEE FL 32303

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
O'BRIEN, KEVIN  
15210 AMBERLY DRIVE #314  
TAMPA FL 33647

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
SAWYER, TOM  
5725 N.E. 16TH AVENUE  
FORT LAUDERDALE FL 33334

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

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

☐ 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

☐ Change

☐ Addition

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:

B. Rowe BRIAN ROWE

2/3/99

850.553.9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)