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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9700002508 (4) DOCUMENT #

VIDAL ELECTRONIC SYSTEMS, INC.

Principal Place of Business

The state of the s

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SIGNATURE:

Mailing Address

FILED May 08 1998 8:00am Secretary of State



15357 MONROE ROAD 15357 MONROE ROAD DELRAY FL 33484 DELRAY FL 33484 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1997 2a. Mailing Address 2. Principal Place of Business Applied For Place of Busine Suite, Apt. #, etc. 65-0725344 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes ■ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VIDAL, JOHN H 15357 MONROE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY FL 33484 83 84 City 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President DELETE 1.1 TITLE John H. Vidal NAME 1.2 NAME 15357 Monroe Rd STREET ADDRESS 1.3 STREET ADDRESS Delray Beach, FL 33484 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE __ Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CATY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 auachyment with an address.

SIGNATURE:

04/1498
954-946-2044