Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90199 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025983

 Corporation 	n Name					l l					
J & P Al	UTOMOTIVE ELECTRONICS,	, INC.								. 	
Principal Place	of Business	Mailing Address				\dashv		1111 5510 1		 	
1325 N ATLANTIC AVE 1325 N ATLANTIC AVE											
SUITE 25 SUITE 25							DO NOT WOITE		00405		
COCOA BEACH FL 32931 COCOA BEACH FL 32931							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
•						3.	03/17/1997				
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Apı	olied For	
21 26							NOT APPLICABLE			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	כ	\$8.75 A Fee Re	I		
22 City & State		City & State			-	6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry	•	8.	This corporation owes the current	year Inta		_	
24	25	29	30				Personal Property Tax.			□No	
	9. Name and Address of Current	t Registered Agent		T		10.	Name and Address of New Reg	istered #	Agent		
TDI II	ESDELL, PATRICIA A			81	Name						
1325		l	82 Street Addres			P.O. Box Number is Not Acceptable)				
SUITE 25			ŀ	83							
COCOA BEACH FL 32931									11 2		
ar V				84 City				FL	85 Zip 0	ode	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the at	ove	-named corp	rporatio	n submits this statement for the pur	pose of	changing its	registered	
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	ot Fiorida. Such change was a	umonzea	DVI	ine comoraii	tion's D	oard of directors, I hereby accept tr	ie abboin	itment as reg	Jisteren	
										-	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	; Registered	Agent	t signature require			DATE			
12.	OFFICERS AND DIRECTORS		13.	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN			
TITLE	D			LE			•	•	Change	Addition	
NAME	MODOPELL, MANAGEMENT		1.2 NA	1.2 NAME							
STREET ADDRESS	1325 N ATLANTIC AVE STE 25		1.3 STREET ADDRESS			1					
CITY-ST-ZIP	COCOA BEACH FL 32931		_	1.4 CITY-ST-ZIP					□ Ch	☐ Addition	
TITLE				2.1 TITLE .					Change	☐ Addition	
NAME	THOUGHTE, WHILE TH		2.2 NA	2.2 NAME						ļ	
STREET ADDRESS	1325 N ATLANTIC AVE STE 25			2.3 STREET ADDRESS .		• •			,~	İ	
CITY-ST-ZIP	COCOA BEACH FL 32931		2. 4 CITY- \$T		T-ZIP				Change	Addition	
TITLE				3.1 TITLE					☐ Citalige		
NAME	STARR, JOHN R			3.2 NAME							
STREET ADDRESS	1			3.3 STREET ADDRESS						ļ	
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP			····		☐ Change	Addition	
TITLE			1	4.1 TITLE					□ Citaliãe	Addition	
NAME	·		4	4. 2 NAME							
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP							
CITY-ST-ZIP		☐ DELETE			7-ZIP]				☐ Change	Addition	
TITLE	•		5.1 TIT 5.2 NA						90		
NAME			1		ADDRESS						
STREET ADDRESS	33			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						}	
CITY-ST-ZIP			6.1 TII						Change	Addition	
· .			6.2 NA								
NAME			6.3 57	REET	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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP