

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065643 (3)**

1. Corporation Name

AUDIO ELECTRONICS, INC.



Principal Place of Business

**C/O BERNARD KOPET, P.A.
18227 PINES BLVD
PEMBROKE PINES FL 33029**

Mailing Address

**C/O BERNARD KOPET, P.A.
18227 PINES BLVD
PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

65-0764078

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

21 345 NW 193ter
Suite, Apt. #, etc.

2a. Mailing Address

26 345 NW 193ter
Suite, Apt. #, etc.

23 City & State

23 Miami, Fla

27 City & State

27 Miami, FL 33169

24 Zip

24 33169

Country

25 Dade

29 Zip

29 33169

Country

30 Dade

9. Name and Address of Current Registered Agent

**BERNARD KOPET, P.A.
C/O BERNARD KOPET, P.A.
18227 PINES BLVD
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

81 Name

Donald Kelley

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

2530 NW 169 Street

83

84 City

Miami

FL

85 Zip Code

33654

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

Donald Kelly

Signature type of principal or officer of corporation, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCCOY, ANTHONY H
18227 PINES BLVD
PEMBROKE PINES FL 33029**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KELLEY, DONALD
18227 PINES BLVD
PEMBROKE PINES FL 33029**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**500002532665
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***150.00**

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.

SIGNATURE

Anthony H McCoy

CR2E034 (10/97)