

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

DOCUMENT # P97000093024 (2)

1. Corporation Name

UNIVERSAL MARINE ELECTRONICS, INC.

Principal Place of Business

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401-3475

Mailing Address

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401-3475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1997

2. Principal Place of Business

21 1619 Broadway
Suite, Apt. #, etc.

22 City & State

23 Riviera Beach, FL

24 33404 25 Palm Beach

2a. Mailing Address

26 1619 Broadway
Suite, Apt. #, etc.

27 City & State

28 Riviera Beach, FL

29 33404 30 Palm Beach

4. FEI Number

65-0792378

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

9. Name and Address of Current Registered Agent

HOLTON, PETER S
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401-3475

10. Name and Address of New Registered Agent

81 Name

Lawrence M. Smith

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

1619 Broadway

83

84 City

Riviera Beach

FL

85 Zip Code

33404

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

Lawrence M. Smith

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
SMITH, LAWRENCE M
STREET ADDRESS 1619 BROADWAY
CITY - ST - ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME DST
LAMBERT, THOMAS A
STREET ADDRESS 1619 BROADWAY
CITY - ST - ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
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

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:

Lawrence M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98

561/844-3592

Date

Daytime Phone #

0000242

CR2E034 (10/97)