

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90105 025 ***150.00

DOCUMENT # **P98000020436**

1. Corporation Name

GLOBAL ELECTRONICS, INC.

Principal Place of Business
**4 S. CUMBERLAND AVENUE
OCOE FL 34761**

Mailing Address
**4 S. CUMBERLAND AVENUE
OCOE FL 34761**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

59-3496737

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 the current year
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

21 704 SPRING CREEK DR.

2a. Mailing Address

26 704 SPRING CREEK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OCOEE, FL

City & State

28 OCOEE, FL

Zip

24 34761

Country

25 USA

Zip

29 34761

Country

30 USA

9. Name and Address of Current Registered Agent

**FULLER, GARY S
4 S. CUMBERLAND AVENUE
OCOE FL 34761**

10. Name and Address of New Registered Agent

81 Name

AMBER L. BUFFARD

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

3713 PEACEFUL PLACE

83

84 City

ORLANDO

FL

85 Zip Code

32810

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 **Amber L. Buffard**
Signature, typed or printed name of registered agent and date if applicable.

AMBER L. BUFFARD, TSD

7/9/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **FULLER, GARY S**
STREET ADDRESS **138 MOBILE LANE**
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JERRY L. TAYLOR**
1.3 STREET ADDRESS **704 SPRING CREEK DRIVE**
1.4 CITY-ST-ZIP **OCOE, FLORIDA 34761**

2.1 TITLE **TSD** ☐ Change ☒ Addition
2.2 NAME **AMBER L. BUFFARD**
2.3 STREET ADDRESS **3713 PEACEFUL PLACE**
2.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32810**

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 **Amber L. Buffard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0106885