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

DOCUMENT # S05046

MARKER I MARINE ELECTRONICS, INC.

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90006 037 ***550.00

	THE THE COURT								
Principal Place	e of Business	Mailing /	Address	··· -			i indiana sia Abidi Aliki antii	MINIM BEIT BEBTE I	nimit Biffst Offith Billst bimit suft
18733 S.E. FE	DERAL HIGHWAY	18733 S	18733 S.E. FEDERAL HIGHWAY					•	
TEQUESTA FL			TEQUESTA FL 33469						
							DO NOT WR	ITE IN THIS	SPACE
							 Date Incorporated or Qualifie 10/10/1990 	d _	
2. Principal Pl	lace of Business	2a. Maili	ing Address				4. FEI Number		Applied For
21		26					59-3033570		Not Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5. Certificate of Status Desired	П	\$8.75 Additional
22		27.	·				5. Cerunicale of Status Desired		Fee Required
City & State	e	City	& State				6. Election Campaign Financing		\$5.00 May Be
23		28					Trust Fund Contribution		Added to Fees
Zip	Country	Zip		Count	ry] ;	This corporation owes the cu		- \
24	25	29		30			Intangible Personal Property.	_ _	Yes 💢 No
	9. Name and Address of	Current Registered	Agent			1	0. Name and Address of New	Registered /	Agent
LIAE	RT, WILLIAM			18	11 Name				
	•	LIMAV		8	2 Street	Address	(P.O. Box Number is Not Accep	table)	11
	01 SOUTH FEDERAL HIG	IDWAT	187			43	<u>3 S. E. Zede</u>	RAL	HW4.
JUP	PITER FL 33469			\e	13			•	~
			,	-	4 City				85 Zip Code
				ľ	City			FL	2ip Codo
office or i	to the provisions of sections of registered agent, or both, in the am familiar with, and accept the	ne State of Florida. Su	ich change was a	authorized	by the corpo	orporatio oration's	on submits this statement for the board of directors. I hereby according	ourpose of cha opt the appoir	anging its registered ntment as registered
SIGNATURE	,								
	Signature, typed or printed name of regis	stared exect and title if applies							
	Organicare, types or printed rights of region	stereo agent and upe ii applica	able. (NO	OTE: Registere	Agent signatur	re required v	when reinstating)	DATE	
12.	OFFIC	ERS AND DIRECTOR	,	13.		re required v	when reinstating) ADDITIONS/CHANGES TO O		D DIRECTORS IN 12
	PDST		,			re required v			D DIRECTORS IN 12 Change Addition
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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 en attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/94 9/575/0// Date Dayline Phone # CB2E034 (5/0