May 03, 1999 8:00 am Secretary of State

05-03-1999 90093 035 ***158.75

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

 Corporation 	MENT # V06694 TRONICS, INC.				
Principal Place	e of Business	Mailing Address			OFFI OFFICE OFFI
1010 118TH AV	ENUE NORTH	CYO D. MICHAEL POINTER. II			
ST. PETERSBURG FL 33716 (2510) 350 118TH AVENUE NORTH				DO NOT WRITE IN THIS	CDACE
us		ST. PETERSBURG FL 33716 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE
		00		01/15/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3112743	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		a Shetter Company Financing	\$5.00 May Be
City & State	e	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inte	
24	25	29 30	¬ ˙	Personal Property Tax.	¥Yes □No
	9. Name and Address of Current		'	10. Name and Address of New Registered	Agent
81 Name					
POINTER, D. MICHAEL II					
2000 TISTIM AVERDE NOTTH CS & STO IT & THE NOT THE					
ST. PETERSBURG FL 33716					
			84 City		85 Zip Code
}	-			<u>FL</u>	. []
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					
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Flonda Statutes.					
SIGNATURE			* ·	<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R			gistered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	GALINSKI, MICHAEL B.		1.2 NAME		
NAME	13535_FEATHER_SOUND TREES		1.3 STREET ADDRESS	2500 118th Avenue North	
STREET ADDRESS	CLEARWATER FL 34622	>	1.3 STREET ADDRESS		·
CITY-ST-ZIP	S	DELETE	2.1 TITLE	St. Petersburg, FL 33716	☐ Change ☐ Addition
NAME	POINTER, D. MICHAEL II		2.2 NAME	, —	
STREET ADDRESS	2550 1187H AVENUE NORTH	_ ~	2.3 STREET ADDRESS	2510 118th Avenue Worth	.'
j	ST. PETESBURG FL 33716		2. 4 CITY-ST-ZIP	51.0.1.	
CITY-ST-ZIP	01.1212000110112 00110	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .	. ,		3.2 NAME	,	
STREET ADDRESS	·	•	3.3 STREET ADDRESS	·	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	•	
TITLE		☐ DELETE	4.1 TITLE	. ,	☐ Change ☐ Addition
NAME	·		4. 2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		ļ	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		, DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1		6.2 NAME		

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/28/99 (727) 573-9375

CR2E034 (11/