

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

FILED

Apr 03 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 # V61662 (5)  
1. Corporation Name  
TREASURE COAST MARINE ELECTRONICS, INC.

Principal Place of Business  
400 N.W. ALICE AVE.  
STUART FL 34994  
US

Mailing Address  
400 N.W. ALICE AVE.  
STUART FL 34994  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 859 NW FEDERAL HWY Suite, Apt. #, etc. 22 SUITE 110 City & State 23 STUART, FL Zip 24 34994		2a. Mailing Address 26 859 NW FEDERAL HWY Suite, Apt. #, etc. 27 SUITE 110 City & State 28 STUART, FL Zip 29 34994		3. Date Incorporated or Qualified 09/03/1992		4. FEI Number 65-0354860		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MACKLIN, MICHAEL N. 470 FLORESTA DR PORT ST. LUCIE FL 34952				10. Name and Address of New Registered Agent 81 Name MACKLIN, MICHAEL N. 82 Street Address (P.O. Box Number is Not Acceptable) 3521 NE MELBA DRIVE 83 84 City JENSEN BEACH FL 85 Zip Code 34957					

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKLIN, MICHAEL N.	1.2 NAME	MACKLIN, MICHAEL N.
STREET ADDRESS	470 FLORESTA DR	1.3 STREET ADDRESS	3521 NE MELBA DRIVE
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ROBERT E.	2.2 NAME	
STREET ADDRESS	3219 S.E. FAIRMONT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, DAVID G.	3.2 NAME	
STREET ADDRESS	3246 N.E. KAPOK COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* SEC/TREASURER TCME. 3-31-98 561-692-9822

CR2E034 (10/97)