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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V61662

TREASU	RE COAST MARINE ELEC	CTRONICS, INC. Mailing Address				,				
859 NW FEDERAL HWY 859 NW FEDERAL HWY										
STE 110 STE 110							DO NOT WO	TE IN TUIC	CDACE	
STUART FL 34994 STUART FL 34994						DO NOT WRITE IN THIS SPACE				
US		US					Date Incorporated or Qualifed			
							09/03/1992			
2. Principal P	lace of Business	2a. Mailing Address				1	El Number		<u> </u>	plied For
21		26			·	1	<u>65-0354860</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. 0	Certifcate of Status Desired		\$8.75 A	
22		27				<u> </u>			Fee Re	
City & Stat	le	City & State					Election Campaign Financing	п	\$5.00	
23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Count	ry			This corporation owes the cur	rent year Int		٦
24	25	29	30				Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New	Registered	Agent	
	NAME AND LAKE AL		8	31 N	√ame					
	KLIN, MICHAEL N.		8	32 5	Street Addre	ess (P.	O. Box Number is Not Accept	able)		
	I NE MELBA DR			_1_						
JEN:	SEN BEACH FL 34957		8	33						
			-	34 (Nie.				85 Zip (Code
					City			FL	. '	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	te of Florida. Such change was at	uthorized b	ov the	- cornoratio	n's boa	ard of directors. I hereby acce	pt the appo	intment as req	gistered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flor	iua Siaiuii	es.				_		
agent. I a	Im familiar with, and accept the oblining states of segistered a	gations of, Section 607.0303, Flor igent and title if applicable. (NOTE:	Registered Ac	es.	gnature required	when rei	nstating)	DATE		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Ac	gent sig		when rei		DATE		
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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 suppliemental 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.

SIGNATURE:

STREET ADDRESS

561-692-9822