FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 .00 Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPOR 1998 ONS DOCUMENT # (5) ANILAM ELECTRONICS, INC. Principal Place of Business Mailing Address 3300 CORPORATE WAY 3300 CORPORATE WAY MIRAMAR FL 33025 MIRAMAR FL 33025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0361480 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 ☐ Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name HKES & F REGISTERED AGENT CORP. 2601 S BAYSHORE DR Street Address (P.O. Box Number is Not Acceptable) **STE 600** 83 **MIAMI FL 33133** 84 City Zip Code 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 agrint and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE Change Addition MEJER, ERIK D NAME 1.2 NAME 2864 MAYFAIR LANE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE METZGER, MIKE NAME 2.2 NAME ONE PRECISION WAY STREET ADDRESS 2.3 STREET ADDRESS JAMESTOWN NY CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE __ Addition MIZE, LAWRENCE E NAME 3 2 NAME 15069 MONTROSE RD STREET ADDRESS 3.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition **TITLE** 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 roceiver 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.

(10/97

(954) 430-660

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SIGNATURE: