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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

294669

(7)

H.S. ELECTRONICS, INC.

Mailina Address



Priecipal	Place of Business	Walling Addition	100			İ				
1665 W 33RD PLACE HIALEAH FL 33012			1665 W 33RD PLACE HIALEAH FL 33012							
					3. Date Incorporated or Qualified 3a. Date of Last Report					
						07/08/1965	05/0	1/1995		
			ddross.			4. FEI Number		Applied For		
 Princi 	ipal Place of Business	2a. Mailing Ad	odica.,			59-1096802		Not Applicable		
11		Suite, Apl	# 6°C				\$8	3.75 Additional		
Suite,	, Apt. #, etc.	27 Suite, Apr	. v , c.c.			5. Certificate of Status Desired		Fee Required		
5		Oty & Sta				6. Election Campaign Financing	_ \$	5.00 May Be		
2.3	& State	28				Trust Fund Contribution		Added to Fees		
23	Country	7(p) Coi				8. This corporation has liability for intangible tax under s. 199.032,				
Zip :	h 1	29	30			Florida Statutes Yes	□ No			
24	25 9. Name and Address of Cur			1		10. Name and Address of New R	egistered Ager	nt		
	g. Name and Address of Cui	Tell (togstore 1.g		81	Name					
						et Address (P.O. Box Number is Not Acceptable)				
ROGERS,A N 2945 N BUCKINGHAM ROAD AVON PARK FL 33825				82	Street Address (F.O. Box Number 5 Not 1 Soophiss)					
				83						
				L.				5 Zip Code		
				84	City		FL 8			
	isuant to the provisions of Sections 607.0	s 00 and 607 1500 LI	orida Statutes, the	above r	named coro	oration submits this statement for the pur	pose of changing	g its registered office		
	isuant to the provisions of Sections 607.0 registered agent, or both, in the State of f nil ar with, and accept the obligations of \$			he corp	oration's bo	ard of directors. I hereby accept the app	ointment as rege	stered agent. I am		
SIGNAT	LURE .		(NC) (i · Reso	and Ares	et Signature esqu	ired when renstating)	DATE			
	Signation types or production of disapstered	AND DESCROES		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTORS IN 12		
12.	12.			1 1 TITLE		Change Addition				
HELE	CT	<u></u>		1.2 NAME						
1 114	DOCEDS A N			LA INCIDIO						

1.3 STREET ADORESS 1665 W. 33 PLACE STREET ADDRESS 14 CITY-ST-ZiP HIALEAH FL Change Addition CHTY - ST- 70P DELETE 2 1 TITLE PS THU 22 NAME ROGERS, A. B. 2.3 STREET ADDRESS 1665 W. 33 PLACE STREET ASSERTS HIALEAH FL 24 CITY - ST - ZIP CHY \$1-20F Addition Change DELFTE 3 1 Tille $_{\rm JHL}$ 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY - S1 - 712 Catr St ZiF ☐ Addition ☐ Change DELETE 4 1 TITLE 10115 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY SI-70 [] Change ■ Addition DELFTE 5 1 TITLE THE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIP Change Addition C-1Y+\$1-7 P DELETE 6 1 TITLE 1004

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cattify 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.

62 NAME

63 STREET ADDRESS

NAMí

STREET ADDRESS

(ALTON B. ROGERS) PRESIDENT TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

305-821-5802

CR2E034 (12/95)