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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. 00	OCUMENT Orporation Name ADER ELECTR	T# G5979 IC, INC.	1 ((5)					
1851 5	pat Place of Busine 67TH ST 60TA FL 34234	1851-57TH ST	Mailing Address 1851-57TH ST SARASOTA FL 34243-2228						
US			US				Date Incorporated or Qualified 09/16/1983	3a. Date of Last 04/04/1996	
2. Principal Place of Business 28			2a. Mailing A	a. Mailing Address			4. FEI Number		Applied For
21				26			59-2328613		Not Applicable
22	Suite, Apr. #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Required
	City & State			City & State			6. Election Campaign Financing		O May Be
23			28				Trust Fund Contribution		d to Fees
29.)	Country		Country			8. This corporation has liability for intangible tax under s. 199.032,		s. 199.032,
24	a Nam	25 and Address of Curre	29 ent Registered Age		30]		Florida Statutes 10. Name and Address of New Re	Yes No	
	JEFFRIES, MK		on registered Age		81	Name	10, House and Address of New No	Aletalen wäeist	
	1851 - 57TH S					<u> </u>	(5.0		
SARASOTA FL 34243					82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
					83				
					84	City		B5 Zi	p Code
									·
ol ag SIGN/	ATURE	igent, or both, in the Sta with, and accept the obli ed or punted hame of registered a					corporation submits this statement for the poration's board of directors. I hereby acception and the state of	OATE	
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TOLE	PD	O MICHAEL D	L.] DELETE	1.1 TITLE			Change	e [] Addition
NAME	l acea a	S, MICHAEL R.			1.2 NAME				
i	CADACC				1.3 STREET				
CHY-SI THLE	DV	/IN FC		DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Change	e Addition
NAME	***	S, PATRICIA L	L	DECET	2.1 MILE 2.2 NAME			L., Charge	Z Z XOULION
	ADDRESS 1851 - 5				2.3 STREET	ADDRESS			
CHT-ST	CADACC				2. 4 CITY - S	- 1		** *	
TITLE	V			DELETE	3.1 TITLE			☐ Change	Addition
NAME	JEFFRIË	S, PAUL J			3.2 NAME				
STREET.	ADDRESS 1851 57				3.3 STREE1	ADDRESS			
CI1Y - 51	1-20F SARASC)TA FL			3.4. CITY-S	ST-ZIP			
THLE	T		L	DELETE	4.1 TITLE			Change	Addition
NAME		S, KAREN N			4. 2 NAME		Karen N. Le		
	ADORESS 1851 57			٠	4.3 STREET	ADDRESS			
COTY - ST	I ZIP SALMOL	/IA FL		DELETE	4.4 CITY - S	T-ZIP		☐ Change	e Addition
NAME			L	, DELETE	5.1 TITLE 5.2 NAME			டு வள்டு	, Moniton
	ADORESS				5.3 STREET	ADORESS			
CITY-ST					5.4 CITY - S				
TILLE				DELETE	6.1 TITLE	· h·'		Change	e Addition
NAME					6.2 NAME			•	
SIREFT	ADORESS				6.3 STREET	ADDRESS			
City-St	1-2IP				64 CITY-S	T- 21P			

14. I do 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:

941-366-8298

FILED

Apr 14 1997 8:00am

Secretary of State