

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90072 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L43416**

1. Corporation Name  
**BASIC ELECTRONICS, INC.**



Principal Place of Business 4233 US HWY 1 EDGEWATER FL 32141 US	Mailing Address PO BOX 597 4233 US HWY 1 EDGEWATER FL 32132 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/11/1990</b>
4. FEI Number <b>06-0860509</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. Box 1133</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>EDGEWATER FL</b>
Zip 24	Zip 29 <b>32132-1133</b>
Country 25	Country 30 <b>U.S.</b>

**9. Name and Address of Current Registered Agent**

**BRUELS, JOHN F**  
 4233 US HWY 1  
 EDGEWATER FL 32132

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>806 S. RIVERSIDE DR</b>
83
84 City <b>EDGEWATER</b>
85 Zip Code <b>FL 32132</b>

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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUELS, JOHN F.</b>	
STREET ADDRESS	<b>4233 U.S. HWY. 1</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUELS, CECILE J.</b>	
STREET ADDRESS	<b>806 S. RIVERSIDE DR</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>DUBY, JEANNINE S.</b>	
STREET ADDRESS	<b>115 SILVER CIRCLE</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUELS, JOHN F.</b>	
STREET ADDRESS	<b>4233 U.S. HWY 1</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>806 S. RIVERSIDE DR</b>
1.4 CITY-ST-ZIP	<b>EDGEWATER FL 32132</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>806 S. RIVERSIDE DR</b>
4.4 CITY-ST-ZIP	<b>EDGEWATER FL 32132</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

**SIGNATURE:** *John F. Bruels*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN F. BRUELS**

**2-11-99** Date  
**904427-3821** Daytime Phone #

CR2E034 (11/98)