

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73295 (2)

1. Corporation Name
BISON ELECTRONICS CORPORATION



Principal Place of Business 1438 S. HIAWASSEE RD. STE. #106 ORLANDO FL 32835 US	Mailing Address P.O. BOX 616078 ORLANDO FL 32061-6078 US
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2. Principal Place of Business 21 809 Veranda Place Suite, Apt. #, etc. 22 City & State 23 Celebration, FL Zip Country 24 34747 25 USA	2a. Mailing Address 26 809 Veranda Place Suite, Apt. #, etc. 27 City & State 28 Celebration, FL Zip Country 29 34747 30 USA
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3. Date Incorporated or Qualified 05/16/1990	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3071919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KALCHBRENNER, DAVID A.
1438 S. HIAWASSEE RD.
STE. #106
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name **KALCHBRENNER, DAVID A.**
82 Street Address (P.O. Box Number is Not Acceptable)
809 Veranda Place
83
84 City **Celebration** **FL** 85 Zip Code **34747**

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 _____ (NOT: Registered Agent signature required when incorporating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVT <input type="checkbox"/> DELETE
NAME	KALCHBRENNER, DAVID A.
STREET ADDRESS	1438 S. HIAWASSEE RD., #106
CITY-ST-ZIP	ORLANDO FL 32835 809 Veranda Pl. Celebration, FL 34747
TITLE	SDC <input type="checkbox"/> DELETE
NAME	KALCHBRENNER, DAVID A.
STREET ADDRESS	1438 S. HIAWASSEE RD., #106 809 Veranda Place
CITY-ST-ZIP	ORLANDO FL 32835 Celebration, FL 34747
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.4 CITY-ST-ZIP	
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	
4.4 CITY-ST-ZIP	
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 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 _____

CR2E034 (9/96)