FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M37235** **(2)**

1. Corporation Name
MONICOR ELECTRONIC, CORPORATION

Principal Place of Business	Mailing Address
2964 NW 60TH ST FT LAUDERDALE FL 33309	2964 NW 60TH ST FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/22/1986	04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-2709763** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPITTLER JR, JOHN J
4685 PONCE DE LEON BLVD.
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MILLER, MONROE A., JR.	1.2 NAME	Thorn, Dale	
STREET ADDRESS	4884 RABBIT HOLLOW DR.	1.3 STREET ADDRESS	5797 S.W. 31st St.	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Miami,FL 33155	
TITLE	DVS	2.1 TITLE		☐ Change ☐ Addition
NAME	VICTOR, ALAN M.	2.2 NAME		
STREET ADDRESS	8758 SW 51 PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S	☐ Change ☒ Addition
NAME	MILLER, MONROE A., SR.	3.2 NAME	Burns, Diane	
STREET ADDRESS	1000 CAMP BRANCH ROAD	3.3 STREET ADDRESS	1727 N. Victoria Park	
CITY-ST-ZIP	WAYNESVILLE NC	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE		4.1 TITLE		☒ Change ☐ Addition
NAME		4.2 NAME	Victor, Alan	
STREET ADDRESS		4.3 STREET ADDRESS	8758 SW 51 Place	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cooper City FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Monroe A Miller Jr. **APR 19 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0216787 CP