

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P31757 (8)**

1. Corporation Name
KALTEC ELECTRONICS, INC.



Principal Place of Business: **5040 B TAMPA WEST BLVD TAMPA FL 33634**
Mailing Address: **5040 B TAMPA WEST BLVD TAMPA FL 33634**

3. Date Incorporated or Qualified: **11/07/1990**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business: **5414 W. Crenshaw St**
2a. Mailing Address: **5414 W. Crenshaw St**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:
25. Zip: Country:
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: Country:
29. Zip: Country:
30. Zip: Country:

4. FEI Number: **84-1046068**
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**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PHILLIPS, GEORGE W.
8001 NO. DALE MABRY
SUITE 401-A
TAMPA FL 33614**

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: VC	LEE, HEE K.	1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5410 DEERBROOKE CREEK CI	TAMPA FL	1.2 NAME: H. LEE, HEE K.	
CITY-ST-ZIP: TAMPA FL		1.3 STREET ADDRESS: 12808 Wallingford Dr	
TITLE: DP	YOO, GWANG PIL	1.4 CITY-ST-ZIP: TAMPA FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4143 ROLLING SPRGS DR	TAMPA FL	2.1 TITLE: V. President	
CITY-ST-ZIP: TAMPA FL		2.2 NAME: JUN. JOUNG	
TITLE: ST	LEE, HEE K.	2.3 STREET ADDRESS: 4310 Placer Le Manes	
STREET ADDRESS: 12808 WALLINGFORD DR	TAMPA FL	2.4 CITY-ST-ZIP: LUTZ FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: TAMPA FL		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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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)(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 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: _____ 2.5.96 888-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E034 (12/95)

3-18-1996