

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 11 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071546 (4)**

1. Corporation Name

ELECTROCOM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3901 SANTIAGO STREET WEST
TAMPA FL 33629**

**POST OFFICE BOX 18725
TAMPA FL 33679-8725**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/04/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3209097** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TENBROOK, DAVID S
3112 KENNEDY BLVD. WEST
STE. 105
TAMPA FL 33609**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0812 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY, ST, ZIP
DP	TENBROOK, DEBRA	3901 SANTIAGO STREET WEST	TAMPA FL
D	TENBROOK, DAVID S	3901 SANTIAGO STREET WEST	TAMPA FL 33629

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is accurately prepared and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included in 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 owner or holder of a majority of the shares of the corporation, or the person required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or is an alternate with an address.

SIGNATURE:

Debra Tenbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR