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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90165 019 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000098847**
 1. Corporation Name
ERGONOMIC ELECTRONICS, INC.

Principal Place of Business: **813 PARK VILLA CIRCLE ORLANDO FL 32824**
 Mailing Address: **813 PARK VILLA CIRCLE ORLANDO FL 32824**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2601 EUSTON RD**
 Suite, Apt. #, etc.
 22
 City & State
 23 **WINTER PARK FL**
 Zip Country
 24 **32789** 25
 2a. Mailing Address
 26 **11310 S. ORANGE BLOSSOM TR.**
 Suite, Apt. #, etc.
 27 **SUITE 196**
 City & State
 28 **ORLANDO, FL**
 Zip Country
 29 **32837** 30

3. Date Incorporated or Qualified
11/17/1997
 4. FEI Number
59-3499668 Applied For
 Not Applicable
 5. Certificate of Status Desired **A** \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GELLNER, RUSSELL
813 PARK VILLA CIRCLE
ORLANDO FL 32824

10. Name and Address of New Registered Agent
 81 Name **GELLNER, RUSSELL**
 82 Street Address (P.O. Box Number is Not Acceptable)
2601 EUSTON RD
 83
 84 City **WINTER PARK FL** 85 Zip Code **32789**

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  **PRESIDENT** **4-20-99**
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	PT	<input type="checkbox"/> DELETE
NAME	GELLNER, RUSSELL	
STREET ADDRESS	813 PARK VILLA CR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	WALLACE, JENNIFER	
STREET ADDRESS	813 PARK VILLA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GELLNER, RUSSELL	
1.3 STREET ADDRESS	2601 EUSTON RD	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALLACE, JENNIFER	
2.3 STREET ADDRESS	2601 EUSTON RD	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
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 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:  **RUSSELL W. GELLNER** **2-1-99** **407-496-3746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)