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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:55

DOCUMENT # **H84101** **(5)**

1. Corporation Name
CHM ELECTRONICS INC.

Principal Place of Business	Mailing Address
5702 GULFPORT BLVD. GULFPORT FL 33707	5702 GULFPORT BLVD. GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1985	3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2614451	Applied For / Not Applicable
5. Certificate of Status Desired: X	$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: X Yes [ ] No	

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

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMITRANO, ANN 8400 4TH ST. N. ST. PETERSBURG FL 33702	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City: FL 05 Zip Code

11. Pursuant to the provisions of Section 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: (Required if this is a change of registered agent. Registered agent's signature required on new designation.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO BE DELETED, AND DELETIONS (Check One)	
TITLE	TD	61 TITLE	X Change [ ] Addition
NAME	MCKNIGHT, CHARLES H., JR	62 NAME	SD
STREET ADDRESS	5810 21ST AVE. S.	63 STREET ADDRESS	COOK, JANET A.
CITY ST ZIP	GULFPORT FL	64 CITY ST ZIP	307 WYNHOLLOW TRACE #7 NORCROSS, GA 30071
TITLE	PVD	71 TITLE	[ ] Change [ ] Addition
NAME	MCKNIGHT, JANET E.	72 NAME	
STREET ADDRESS	5810 21ST AVE. S.	73 STREET ADDRESS	
CITY ST ZIP	GULFPORT FL	74 CITY ST ZIP	
TITLE	SD	81 TITLE	[ ] Change [ ] Addition
NAME	COOK, JANET A.	82 NAME	
STREET ADDRESS	~~1642 DRAYTON WOODS DR.~~ See 13	83 STREET ADDRESS	
CITY ST ZIP	~~TUCKER GA~~	84 CITY ST ZIP	
TITLE		91 TITLE	[ ] Change [ ] Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 CITY ST ZIP	
TITLE		101 TITLE	[ ] Change [ ] Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY ST ZIP		104 CITY ST ZIP	
TITLE		111 TITLE	[ ] Change [ ] Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY ST ZIP		114 CITY ST ZIP	

14. I (We) 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 satisfy the requirements of that section for all applicable boxes. I further certify 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 above, or on an attachment with an address.

SIGNATURE: Charles H. McKnight Jr. CHARLES H. McKNIGHT JR 1/11/95 813-345-1009
SIGNATURE AND TYPED OR PRINTED NAME OF WHOM OFFICER OR DIRECTOR — Date — Daytime Phone #

0107020 CP