PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 172189

1. Corporation Name

ELECTRONICS DISTRIBUTORS INCORPORATED AT ORLANDO

Principal Place of Business Mailing Address					[(86/6) tipli (84/6 (484) talle rate sixt) area area area area.		
648 FLORIDA CENTRAL PARKWAY LONGWOOD FL 32750			648 FLORIDA CENTRAL PARKWAY LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 01/31/1953
O D I had Disas of D sinces			2a Mailine Addrone				4. FEI Number Applied For
2. Principal Place of Business			2a. Mailing Address				59-0691422 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apr. #, etc.			27				5. Certificate of Status Desired Fee Required
City & State			City & State				- 6: Election Campaign Financing S5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. X Yes No
	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registered Agent
					81	Name	
DANFORTH,MARC					82	Street Addr	ress (P.O. Box Number is Not Acceptable)
1051 SPRING GARDEN ROAD							
ALT	AMONTE SPRINGS FL 32701				83		
					84	City	85 Zip Code
						-	FL `
office or I	registered agent, or both, in the State im familiar with, and accept the obliga	of Flor	ida. Such change was a	autnorize	o by	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	e if applicable. (NOTE	: Registered	Ager	nt signature require	ed when reinstating) DATE
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE DELETE		1.1 Ti	TLE		☐ Change ☐ Addition
NAME	DANFORTH, MARC			1.2 N	AME		
STREET ADDRESS	1051 SPRING GARDEN ST		1.3 \$	TREE	TADORESS		
CITY-ST-ZIP	ALTAMONTE SPG, FL 0	ALTAMONTE SPG, FL 0		1.4 C	ITY-S	T- ZIP	
TITLE	S	S DELETE		2.1 TI	ITLE		☐ Change ☐ Addition
NAME	DANFORTH, PATRICIA B			2.2 N	AME		
STREET ADDRESS	ACCA CODING CARDEN OF			2.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPG, FL 0			2.40	CITY-S	ST-ZIP	
TITLE			DELETE	3. <u>1</u> T	ùΓΕ		☐ Change ☐ Addition
NAME				3.2 N	AME		والمراجب محيد محيد والمراجب المحجد المحيد
STREET ADDRESS			•	3.3 S	TREE	T ADDRESS	
CITY-ST-ZIP				3.4. 0	CITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME	<u> </u>			4.21	NAME		
STREET ADDRESS)			4.3 S	TREE	T ADDRESS	•
CITY-ST-ZIP				4.4 0	ITY-S	T-ZIP_	
TITLE			☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME	}			5.2 N	AME		
STREET ADDRESS	;			5.3 S	TREE	T ADDRESS	
CfTY-ST-ZiP				5.4 C	πy-s	T-ZIP	
TITLE			DELETE	6.1 T	ITLE		Change Addition
	1			62 N	IAME	1	

SIGNATURE:

STREET ADDRESS

Marc Danforth

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.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90046 043 ***150.00