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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 211745 (5)  
1. Corporation Name  
FEDERAL BATTERY & CABLE MFG. CO.



Principal Place of Business 4220 E 11TH AVE HIALEAH FL 33013	Mailing Address 4220 E 11TH AVE HIALEAH FL 33013-2531
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3. Date Incorporated or Qualified 04/30/1958	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0836610	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GEIST, ROBERT MANAGING DIR  
4220 E 11TH AVE  
HIALEAH, FL  
33013

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	BREIDEGAM, DELIGHT E JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DEKA RD		13 STREET ADDRESS	
LYON STATION, PENNA00000		14 CITY-ST-ZIP	
S	HIMMELREICH, FAITH F	21 TITLE	22 NAME
DEKA RD		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LYON STATION, PENNA00000		23 STREET ADDRESS	
T	LANGDON, DANIEL R.	24 CITY-ST-ZIP	
DEKA ROAD		31 TITLE	32 NAME
LYON STATION, PA 0		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	42 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	52 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	62 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do 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 and dated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (610) 682-6361  
Date Daytime Phone #

CR2E034 (9/96)