

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 375021 (3)

1. Corporation Name  
**FLAMINGO ELECTRONICS, INC.**



Principal Place of Business: 1050 CHARLOTTE AVE WEST PALM BEACH FL 33401  
Mailing Address: 1050 CHARLOTTE AVE WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 01/06/1971  
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
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4. FEI Number: 59-1313856  
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BURNS, JOHN  
140 ROYAL PALM WAY 1400 CENTRE PALM BLVD  
WEST PALM BEACH FL 33400 33401 # 860

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Accepted)  
83  
84 City  
85 Zip Code: 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 of principal officer or director, registered agent and the applicant

(The FEI Registered Agent signature is required when re-registered)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	11 TITLE	
NAME	STROUPE, JAMES L.	12 NAME	
STREET ADDRESS	8736 STEEPLECHASE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	P.B. GARDENS FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	
NAME	STROUPE, MARGARET F.	22 NAME	
STREET ADDRESS	8736 STEEPLECHASE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	P.B. GARDENS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret F. Stroupe, Treas.* MARGARET F. STROUPE 561-833-9798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)