

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 395977 (2)

1. Corporation Name
CBC ELECTRONICS, INC.



Principal Place of Business: 2930 UNIVERSITY DR. CORAL SPRINGS FL 33065-3957
Mailing Address: 302 EARL STREET LONGWOOD FL 32750 US

3. Date Incorporated or Qualified: 02/16/1972
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business: 21 31242 Soaring Hawk Lane
Suite, Apt. #, etc.:
City & State: 23 Sorrento, Fl.
Zip: 24 32776
Country: 25 U.S.A.

2a. Mailing Address: 26 P.O. Box 1449
Suite, Apt. #, etc.:
City & State: 28 Sorrento, Fl.
Zip: 29 32776
Country: 30 U.S.A.

4. FEI Number: 59-1416390
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
KEIKES, WILLIAM J
302 EARL ST
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name: **William Keikes III**
82 Street Address (P.O. Box Number is Not Acceptable): **31242 Soaring Hawk Lane**
83
84 City: **Sorrento, FL** 85 Zip: **32776**

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: *William Keikes III* **William Keikes III, President** **April 25, 1996.**
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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIKES, WILLIAM JR.	1.2 NAME	
STREET ADDRESS	302 EARL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 0	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDY, REBECCA J	2.2 NAME	Joanne L. Keikes
STREET ADDRESS	2867 13 FOREST HILLS BLV	2.3 STREET ADDRESS	31242 Soaring Hawk Lane
CITY-ST-ZIP	CORAL SPRINGS, FL 0	2.4 CITY-ST-ZIP	Sorrento, Fl. 32776
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIKES, WILLIAM III	3.2 NAME	William Keikes III
STREET ADDRESS	31243 SOARING HAWK LANE	3.3 STREET ADDRESS	31242 Soaring Hawk Lane
CITY-ST-ZIP	SORRENTO FL	3.4 CITY-ST-ZIP	Sorrento, Fl. 32776
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Keikes III* **William Keikes III Pres.** **April 25, 1996 352/735-2242**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)