

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 # **434549** (2)

1. Corporation Name
ARK ELECTRONIC PRODUCTS, INC.



Principal Place of Business: C/O TAX DEPARTMENT, P.O. BOX 2826, LARGO FL 34649-2826
Mailing Address: C/O TAX DEPARTMENT, P.O. BOX 2826, LARGO FL 34649-2826

3. Date Incorporated or Qualified: **09/07/1973**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-1426902**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Filed consolidated with AT&T Company

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	HOTCHKISS, DOUGLAS	
STREET ADDRESS	3009 ASHLAND TERRACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SLATTERY, JAMES L.	
STREET ADDRESS	1931 SADDLE HILL RD	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	RINNER, RONALD R.	
STREET ADDRESS	8545 126TH AVENUE N	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, C DONALD	
STREET ADDRESS	3130 MEADOW VIEW LN	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary E. Willman
3.3 STREET ADDRESS	1611 Sparkling Court
3.4 CITY-ST-ZIP	Dunedin, FL 34698
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* Vice President, Secretary 4/30/96 (813) 530-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)