


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 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 # 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 33779-2826
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/07/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1426902	Applied For <input type="checkbox"/> 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

**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 **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARY E. WILLMAN	
STREET ADDRESS	1611 SPARKLING COURT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	President, Treas., & Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Murphy, Patrick M.	
13 STREET ADDRESS	3202 W. Knights Ave.	
14 CITY-ST-ZIP	Tampa, FL 33611	
21 TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Slattery, James L.	
23 STREET ADDRESS	1931 Saddle Hill Rd.	
24 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

SIGNATURE _____ DATE **4/15/97** (813) 520-2077

CR2E034 (9/96)