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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 439677

1. Corporation Name

LE GRAND ELECTRONICS, INC.

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90015 032 \*\*\*150.00



Principal Place of Business Mailing Address											
6187 NW 167 ST H37 6187 NW 167 S											
MIAMI FL 33015				MIAMI FL 33015					DO NOT MIDITE IN THIS SPACE		
,									DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualifed 11/13/1973		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number / Applied For	i	
21				26					59-1511004 ✓ Not Applicable	l	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional	l	
22									5. Certificate of Status Desired Fee Required		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be	-	
23				28					Trust Fund Contribution Added to Fees		
Žip	Zip Country			Zip Country			untry		This corporation owes the current year Intangible		
24	25			29	30				Personal Property Tax. Yes No		
	9. Name a	nd Address	of Current R	egistere	d Agent		L.,		10. Name and Address of New Registered Agent	1	
								Name	ame		
JONES, CHARLES H.							82 Street Addres		Address (P.O. Box Number is Not Acceptable)	ļ	
6187 NW 167TH ST H37								Guotin			
MIAMI FL 33015-1301							83			ļ	
								00.	85 Zip Code	ł	
							84	City	FL 85 Zip Code	ł	
11. Pursuant t	to the provision	ns of Sections	607.0502 a	nd 607.1	1508, Florida Stati	utes, the a	above	e-named co	corporation submits this statement for the purpose of changing its registered	ł	
office or re	egistered age	nt, or both, in f	he State of F	-lorida. S	Such change was ction 607.0505, F	authorize	a by	tne corpora	oration's board of directors. I hereby accept the appointment as registered	ļ	
·	m larmiar wiu	i, and accept i	ite opligation	5 UI, 36	Cuon 607.0505, 1	ionua Sta	idies.	•		ĺ	
SIGNATURE	Signature, typed o	r printed name of re	oistered agent an	d title if app	licable. (NO	TE: Registere	d Agen	t signature requ	required when reinstating) DATE	; ا	
12.		<del></del>	CERS AND (			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Š	
TITLE	P				☐ DELETE	1,1 T	ITLE		☐ Change ☐ Addition	3	
NAME	JONES, C	HARLES H.				1.2 N	IAME			7	
STREET ADDRESS	FORMA OW FORM OT			1.3 \$			TREET	ADDRESS		Ì	
CITY-ST-ZIP	FT LAUDE						TY-ST			3	
TITLE	ST				☐ DELETE		TILE		☐ Change ☐ Addition	(	
NAME	JONES, SANDRA			. 2			2.2 NAME			ļ	
**	40504 CW SOTULOT			· · · · · · · · · · · · · · · · · · ·			2.3 STREET ADDRESS			İ	
ET I AUDEDDALE EL						2. 4 CITY-ST-ZIP		·			
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	•							ADDRESS			
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					<u> </u>		NAME	1		1	
NAME								ADDRESS			
STREET ADDRESS									·		
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NAME								ADDRESS			
STREET ADDRESS							)TY-S1			ĺ	
CITY-ST-ZIP					☐ DELETE		TILE	*-LIF	☐ Change ☐ Addition	1	
TITLE					□ pereie		AME		Change Addition		
NAME					-,			ADODECO			
STREET ADDRESS						6.3 \$	REET	ADDRESS			

CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

**SIGNATURE** 

MANUS WITH RERECHARITES TH. Jones SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1999

(305) 825-100