

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

FILED

Jan 29 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 # **445678** (6)

1. Corporation Name
RELM COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business 7505 TECHNOLOGY DRIVE WEST MELBOURNE FL 32904	Mailing Address 7505 TECHNOLOGY DR W MELBOURNE FL 32904-1574 US
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3. Date Incorporated or Qualified 03/25/1974	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 59-1519158	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 SCHWECHE, FRED C 7505 TECHNOLOGY DRIVE WEST MELBOURNE FL 32904	10. Name and Address of New Registered Agent 81. Name WILLIAM P. KELLY 82. Street Address (P.O. Box Number is Not Acceptable) 7505 TECHNOLOGY DR. 83. City WEST MELBOURNE FL 85. Zip Code 32904
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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 *W.P. Kelly* 1/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SCHECKE, FRED F <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECKE, FRED F	1.2 NAME	
STREET ADDRESS	7505 TECHNOLOGY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	1.4 CITY-ST-ZIP	
TITLE	V HOLLAND, ROBERT T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, ROBERT T	2.2 NAME	
STREET ADDRESS	7505 TECHNOLOGY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	2.4 CITY-ST-ZIP	
TITLE	CFO KELLY, WILLIAM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WILLIAM	3.2 NAME	
STREET ADDRESS	7505 TECHNOLOGY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	VP GOEBERT, DONALD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEBERT, DONALD	4.2 NAME	
STREET ADDRESS	7505 TECHNOLOGY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	VP ENGLERT, JOHN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLERT, JOHN	5.2 NAME	
STREET ADDRESS	7707 RECORDS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNAPOLIS IN	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 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: *W.P. Kelly* *WILLIAM P. KELLY* 1/8/97 407-984-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #