

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -6 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 480253 (4)**  
1. Corporation Name  
**ADROIT ELECTRONICS, INC.**

Principal Place of Business      Mailing Address  
**683 PEREGRINE DRIVE      683 PEREGRINE DRIVE**  
**INDIALANTIC FL 32903      INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/09/1975      05/31/1994**

4. FEI Number      Appoint For  
**59-1659209      Not Applicable**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

7. This corporation has liability for compliance with section 109.012 Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. State Apt # etc      26. State Apt # etc

22. City & State      27. City & State

23. City & State      28. City & State

24. Zip      25. Country      29. Zip      30. Country

9. Name and Address of Current Registered Agent  
**BROWN, MARY G.  
683 PEREGRINE DRIVE  
INDIALANTIC FL 32903**

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: *Mary G. Brown*      6/6/95

12. OFFICERS AND DIRECTORS		13. AGENTS AND CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HAROLD K.	2. NAME	
STREET ADDRESS	683 PEREGRINE DRIVE	3. STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	4. CITY, ST, ZIP	
TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARY G.	6. NAME	
STREET ADDRESS	683 PEREGRINE DRIVE	7. STREET ADDRESS	
CITY, ST, ZIP	INDIALANTIC FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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)(b), Florida Statutes. I further certify that the information reported 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 was an alternate with an address.

SIGNATURE: *MARY G. Brown*      6/6/95      4609 177-3412

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)