## 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 # 480253

ADROIT ELECTRONICS, INC.

Principal Place of Business Mailing Address					(	5-2-7- 5-2-1- 6-5-1-	
683 PEREGRINE DRIVE INDIALANTIC FL 32903		P O BOX 33595 INDIALANTIC FL 32903-595 US		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed 07/09/1975		
<b>─</b> 」 '	ace of Business	2a. Mailing Address			4. FEI Number 59-1659209	} <b>!</b>	oplied For ot Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		/		Additional	
22 Suite, Apt. #, etc.		27		5. Certifcate of Status Desired	Fee Ro	equired	
City & State		City & State	:		-6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year l		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent		···-	10. Name and Address of New Registered	1 Agent	
800	ARI MARV C		81	Name			
Brown, Mary G. 683 Peregrine Drive			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
INDIALANTIC FL 32903		83					
			84	City	F	85 Zip	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	thorized by da Statutes	the corpora	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate when reinstating).	ointment as re	gistered
	Signature, typed or printed name of registered age	nt and little if applicable. (NOTE: F	13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	ORS IN 12
12.	P OFFICERS AI	DELETE	1.1 TITLE		Abornondia in index 10 di Fidelia	☐ Change	Addition
	BROWN, HAROLD K.		1.2 NAME				
NAME	683 PEREGRINE DRIVE			T ADDRESS			
STREET ADDRESS	*		1.4 CITY-S				
CITY-ST-ZIP TITLE			2.1 TITLE	1-21		☐ Change	Addition
			2.2 NAME				
NAME	•			T ADDRESS			ĺ
STREET ADDRESS	683 PEREGRINE DRIVE		2.4 CITY-S	i			
CITY-ST-ZIP	INDIALANTIC FL	☐ DELETE	3.1 TITLE	01-24		☐ Change	☐ Addition
NAME			3 2 NAME				
				ADDRESS			
STREET ADDRESS			3.4. CITY-S				
CITY-ST-ZIP TITLE			4.1 TITLE	31-217		Change	☐ Addition
			4. 2 NAME				
NAME				TADDRESS			
STREET ADDRESS				1			
CITY-ST-ZIP		☐ DELETE	44 CITY-S 5.1 TITLE	1-21		Change	Addition
TITLE		- Deceie	5.1 THEE			_ ,	_
NAME				TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		DELETE	6.1 TITLE	1 - 411		☐ Change	☐ Addition
TITLE		☐ DEFEIG	1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90242 017 \*\*\*158.75