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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 580411

1. Corporation Name
LAKES ELECTRONICS INC
5245 NORTH UNIVERSITY DR
LAUDERHILL, FL 33351

Principal Place of Business	Mailing Address
BROWARD COUNTY	5245 NORTH UNIVERSITY DR LAUDERHILL, FL 33351

2. Principal Place of Business 21 5245 NORTH UNIVERSITY DR Suite, Apt. #, etc. 22 LAUDERHILL City & State 23 LAUDERHILL, FL Zip / Country 24 33351 / 25 BROWARD	2a. Mailing Address 26 SAME AS 2 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30	3. Date Incorporated or Qualified 1978 4. FEI Number 59-1837173 5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	3a. Date of Last Report 5/95 ☐ Applied For ☐ Not Applicable

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAME AS IN 1995 FRANCES MACPHERSON PRESIDENT 469 NW 43 WAY DEERFIELD BCH, FL 33442	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANCES MACPHERSON 5245 NORTH UNIVERSITY DR LAUDERHILL, FL 33351 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACPHERSON, ROBERT E 5245 NORTH UNIVERSITY DR LAUDERHILL, FL 33351 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM MACPHERSON, ANDREWE 5245 NORTH UNIVERSITY DR LAUDERHILL FL 33352 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	800001883808 -07/10/96--01073--020 ***208.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 5-1-96 JM

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)(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.

SIGNATURE: F MacPherson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (954) 749-6100
Date / Daytime Phone Number

CR2E034 (12/95)