

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
'1996'



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

FILED

96 DEC 20 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *Plow*

DOCUMENT # 656351

(4)

1. Corporation Name

LEE ELECTRONIC LABS, INC.

Principal Place of Business

4402 N LANDMARK DR.
ORLANDO FL 32817

Mailing Address

4402 N LANDMARK DR.
ORLANDO FL 32817

3. Date Incorporated or Qualified 01/09/1980
3a. Date of Last Report 08/15/1995

4. FEI Number 59-1907764
Applied For ☐ Not Applicable ☐

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALOOF, SAMUEL L
4402 N LANDMARK DR
ORLANDO FL 32817

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 *William N. Patsio* *Red Patsio* *12/1/96*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME PATSIO, WILLIAM
STREET ADDRESS 2398 SUN VALLEY CIRCLE
CITY-ST- ZIP WINTER PARK FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 200002036622--3
1.3 STREET ADDRESS -12/24/96--01047--024
1.4 CITY-ST- ZIP *****375.00 *****375.00

TITLE D
NAME PATSIO, JOYCE
STREET ADDRESS 2398 SUN VALLEY CIRCLE
CITY-ST- ZIP WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 118.07(3)(d), 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: *William N. Patsio* *8/30/96* *677-0880*
Signature, typed or printed name of officer or director. Daytime Phone #