

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

DOCUMENT # 660055 (5)  
1. Corporation Name  
WORLD ELECTRONICS, INC.



Principal Place of Business  
12233 NW 35 STREET  
CORAL SPRINGS FL 33065

Mailing Address  
12233 NW 35 STREET  
CORAL SPRINGS FL 33065  
US

3. Date Incorporated or Qualified 03/21/1980  
3a. Date of Last Report 07/25/1995  
4. FEI Number 59-1986890  
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  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

BARRETT, PHILIP R  
12233 NW 35 STREET  
CORAL GABLES FL 33065  
SPRING

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | PD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BARRETT, PHILIP R       | 1.2 NAME  |  |
| STREET ADDRESS             | 3975 NW 103RD DRIVE     | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CORAL SPRINGS FL        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD                      | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHWARTZ, ROY I.        | 2.2 NAME  |  |
| STREET ADDRESS             | 5205 MAJORCA CLUB DR    | 2.3 STREET ADDRESS                                    | 1120 NW 108 AVENUE   |
| CITY-ST-ZIP                | BOCA RATON FL           | 2.4 CITY-ST-ZIP                                       | PLANTATION, FL 33322   |
| TITLE                      | D                       | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SELTZER, EDWARD A.      | 3.2 NAME  |  |
| STREET ADDRESS             | 1 PALM CT. APT 62 SOUTH | 3.3 STREET ADDRESS                                    | 535 OCEAN DRIVE  |
| CITY-ST-ZIP                | MIAMI FL                | 3.4 CITY-ST-ZIP                                       | GOLDEN BEACH, FL 33160   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 4.2 NAME  |  |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 5.2 NAME  |  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Philip R. Barrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 954-753-4463  
Date Days to Phone #

CR2E034 (12/95)