COR ANNL	PROFIT PORATION JAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUI 1. Corporation	MENT # 6877	06	(2)					
,	ELECTRONIC EXPORT, IN	C.				1 (1884) 8 00) BA (1844) (1884) 48 00) 4 8 8 00 1	ATIO DESENDEN DIZON DIZ	
Principal Place	of Business	Mailing Ad	dress					
8545 12TH AVENUE NORTH P O BOX 2826 C/O TAX DEPT LARGO FL 34649-2826 US		POB	854S 12TH AVENUE NORTH P O BOX 2826 C/O TAX DEPT LARGO FL 34649 US		Date Incorporated or Qualified 09/05/1980	3a. Date of La	st Report 8/1995	
	ace of Business	2a. Mailing	Address			4. FEI Number	04/2	Applied For
Suite, Apt.	#, etc.	26 Suite, A	Apt. #, etc.			59-2024840	\$8	Not Applicable .75 Additional
22 City & State	<u> </u>	27 City & 5	State			5. Certificate of Status Desired		ee Required
23		28]				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Ζιρ 24	Country 25	<i>Z</i> ip 29	30	Count	У	This corporation has liability for Florida Statutes	intangible tax und	ers 199.032 Consolidat AT&T Compan
	9. Name and Address of Curre	nt Registered A	jent	8	1 Name	10. Name and Address of New I	Registered Agent	TWT Compan
MELBO	SOUTH RIVERVIEW DRIVE DRUNE FL. o the provisions of Sections 607,050	02 angl 60° .1508,	Florida Statutes, 11	8: 84 ne above	3 City	oration submits this statement for the pure	FL 85	Zip Code its registered office
SIGNATURE _	ed agent, or both. In the State of Flo h, and accept the obligations of, Sec Signature typed or printed name of registered age	Stion 607.0505, Fi	orida Statutes.			ard of directors. I hereby accept the app	pointment as regist	ered agent. I am
12.	OFFICERS AI	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
NAME STREET ADDRESS	SLATTERY, JAMES L. 8545 126TH AVE N LARGO FL	_	,	12 NAME 13 STREE	T ADDRESS			igo [[] Noonon
CITY-ST-ZIP TITLE	AS	<u> </u>] DELETE	1.4 C·TY- 2 1 TiTLE			☐ Cha	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP	RINNER, RONALD R 8545 126TH AVE N LARGO FL				T ADDRESS			
TITLE] DELETE	24 CITY - 3 1 TITLE			Cha	nge Addition
NAME STREET ADDRESS				3.2 NAME	ET ADORESS			
CITY-ST-ZIP				3.4 CiTy -				
TITLE		L] DELETE	4. 1 TITLE 4.2 NAME			Cha	nge [] Addition
NAME					T ADDRESS			
NAME STREET ADDRESS) DELETE	4.4 CITY- 5 1 TITUE		AVII ALIAN AND AND AND AND AND AND AND AND AND A	Cha	nge Addition
STREET ADDRESS CITY-ST-ZIP		Г					LJ 01.01	igo [] Addition
STREET ADDRESS CITY-ST-ZIP			j becere	5.2 NAME				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			J DECENT	53STREE	1 ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME) DELETE		1 AOORESS ST-ZIP		☐ Chai	nge 🔲 Addilion
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME				53 STREE 54 CITY- 6 3 TITLE 62 NAME	1 ADDRESS ST-ZIP		☐ Chai	nge 🔲 Addition
STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS				53 STREE 54 CITY- 6 1 TITLE 62 NAME 63 STREE	T ADDRESS T ADDRESS		☐ Chai	nge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath; that i	am an officer or director of the over	C with this filing is w) DELETE oluntarily furnished lemental annual re liver or trusted enj	53 STREE 54 CITY- 6 1 TILE 62 NAME 63 STREE 64 CITY-	T ADDRESS T ADDRESS ST-ZIP	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fl	07/31/k/ Etorida S	atutes I further