
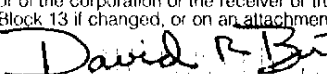


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 824951 (8) 1. Corporation Name BROWNELL ELECTRO, INC.			
Principal Place of Business 250 NO RTE 303 CONGERS NY 10920 US		Mailing Address % AVENT, INC 80 CUTTER MILL RD GREAT NECK NY 11021-3108 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DAVIDSON JOHN 250 NORTH ROUTE 303 CONGERS NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON JOHN	1.2 NAME	
STREET ADDRESS	250 NORTH ROUTE 303	1.3 STREET ADDRESS	
CITY - ST - ZIP	CONGERS NY	1.4 CITY - ST - ZIP	
TITLE	VD MACHIZ, LEON 80 CUTTER MILL ROAD GREAT NECK NY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHIZ, LEON	2.2 NAME	
STREET ADDRESS	80 CUTTER MILL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK NY	2.4 CITY - ST - ZIP	
TITLE	VSTD SADOWSKI, RAYMOND 80 CUTTER MILL RD GREAT NECK, NY.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKI, RAYMOND	3.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK, NY.	3.4 CITY - ST - ZIP	
TITLE	AS PALUMBO, LISA M 80 CUTTER MILL RD GREAT NECK NY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALUMBO, LISA M	4.2 NAME	
STREET ADDRESS	80 CUTTER MILL RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK NY	4.4 CITY - ST - ZIP	
TITLE	C BUSCEMI, JAMES 250 NORTH ROUTE 303 CONGERS NY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCEMI, JAMES	5.2 NAME	
STREET ADDRESS	250 NORTH ROUTE 303	5.3 STREET ADDRESS	
CITY - ST - ZIP	CONGERS NY	5.4 CITY - ST - ZIP	
TITLE	VSD BIRK, DAVID 80 CUTTER MILL ROAD GREAT NECK NY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRK, DAVID	6.2 NAME	
STREET ADDRESS	80 CUTTER MILL ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	GREAT NECK NY	6.4 CITY - ST - ZIP	
14. I do 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.			
SIGNATURE:  DAVID R. BIRK		3/24/97 (516)466-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)