

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 842507 (6)

1. Corporation Name

LAUDERDALE COMPONENTS, INCORPORATED

Principal Place of Business

345 W 75TH STREET
HIALEAH FL 33014-1318

Mailing Address

345 W 75TH STREET
HIALEAH FL 33014-1318



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1979		3a. Date of Last Report 04/17/1995	
21		26		4. FEI Number 62-1045980		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BRIGHT, GENE G
345 W 75TH PLACE
HIALEAH FL 33014

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)

(If applicable) Registered Agent signature required when effecting change

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, JAMES R V III			1.2 NAME			
STREET ADDRESS	7400 BEAUFONT SPRGS #325			1.3 STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23225			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIGHT, GENE G			2.2 NAME			
STREET ADDRESS	7400 BEAUFONT SPRGS #325			2.3 STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23225			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALENTINE, GRANVILLE G. I			3.2 NAME			
STREET ADDRESS	7400 BEAUFONT SPRINGS #325			3.3 STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA			3.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOEB, AUDREY			4.2 NAME			
STREET ADDRESS	345 W 75TH PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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:

Gene G. Bright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene G. Bright Secr/Treas/VP

804-272-8561

DATE

Day/Time/Phone #

CR2E034 (12/95)