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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Suite, Apt. #, etc.

City & State

22

23

24

Zip

F01704

(8)

Suite, Apt. #, etc

City & State

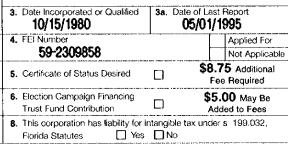
Zio

**DOCUMENT #** ELECTRONIC COMPONENT DISTRIBUTORS, INC. Principal Place of Business Mailing Address 640 S.W. 62 AVENUE 640 S.W. 62 AVENUE C/O STEPHEN WOLFMAN PLANTATION FL 33317 C/O STEPHEN WOLFMAN PLANTATION FL 33317 2. Principal Place of Business 2a. Mailing Address 26 21

27

28

29



WOLFMAN, STEPHEN 640 S.W. 62 AVENUE PLANTATION FL

Country

9. Name and Address of Current Registered Agent

25

		Florida Statutes Yes No						
Ī		10. Name and Address of New Registered Agent						
٤	31	Name						
ε	32	Street Address (P.O. Box Number is Not Acceptable)						
ε	33							
8	34	City 85 Zip Code						

11. Pursuant to the provisions of Sections 607.0502 and £07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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.

Country

30

Signature: typed or printed name of registered agent and the Papplicacie.  12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1. 1 TITLE	Change Additio
IAME	Wolfman, Stephen (CHRM)		1.2 NAME	
TREET ADURESS	640 S.W. 62 AVENUE		1.3 STREET ADDRESS	
TY-ST-ZIP	PLANTATION FL		1.4 CHY-ST-ZIP	
1LE	STD	DELETE	2 1 TITLE	Change Additio
AME	WOLFMAN, JUDITH		2 2 NAME	
TREET ADDRESS	640 S.W. 62 AVENUE		2 3 STREET ADDRESS	
ITY - S1 - ZIP	PLANTATION FL		2.4 CITY - ST - ZIP	
TLE		DELETE	3. 1 THLE	Change
AME			3.2 NAME	
IREET ADDRESS			3.3. STREET ADDRESS	
TY-ST-ZIP		<u></u>	34 CITY-ST-ZIP	
TLE		☐ DEFELE	4. 1 TITLE	Change Addition
AME			4.2 NAME	
TREET ADDRESS			4.3 STREET ADDRESS	
TY-ST-ZIP			4.4 CITY - ST - ZIP	
TLE		DELETE	5. 1 TOLE	Change Addition
AME			5.2 NAME	
TREET ADDRESS			5.3 STREET ADDRESS	
ITY - ST - ZIP			5.4 CITY - ST - ZIP	
TLE		DELETE	6. 1 TITLE	Change Addition
AME			6.2 NAME	
TREET 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:

ZLEDKEN NING OFFICER OR DIRECTOR

WOLFMAN, PROT