

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F55086 (5)
1. Corporation Name
ELECTRO-WORLD, INC.

Principal Place of Business Mailing Address
**312 AULIN AVE
OVIEDO FL 32765
US** **312 AULIN AVE
OVIEDO FL 32765
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/17/1981 **04/20/1994**

4. FEI Number Applied For / Not Applicable
59-2141610

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 2a. Mailing Address

21 26

Suits, Apt. #, etc. Suits, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**KINNEY, FLOYD C.
105 OAKLEIGH DRIVE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **KINNEY, FLOYD C.**

82 Street Address (P.O. Box Number is Not Acceptable) **2568 EKANA LANE**

83

84 City **OVIEDO** 85 Zip Code **FL 32765**

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

TITLE **TSD**

NAME **FANTA, LUBOR J**

STREET ADDRESS **111 ATLANTIC DRIVE ANNEX**

CITY - ST - ZIP **MAITLAND FL**

TITLE **PD**

NAME **KINNEY, FLOYD C.**

STREET ADDRESS **111 ATLANTIC DRIVE ANNEX**

CITY - ST - ZIP **MAITLAND FL**

TITLE **D**

NAME **KINNEY, TONYA L.**

STREET ADDRESS **111 ATLANTIC DR ANNEX**

CITY - ST - ZIP **MAITLAND FL**

TITLE **D**

NAME **KINNEY, F. CLARK JR.**

STREET ADDRESS **111 ATLANTIC DRIVE ANNEX**

CITY - ST - ZIP **MAITLAND FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable as an attachment with an address.

SIGNATURE: **L. J. FANTA** 04-17-95 (407) 359-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Zip #