

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



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

3. Date Incorporated or Qualified: **11/17/1981**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent

**KINNEY, FLOYD C.
2568 EKANA LANE
OVIEDO FL 32765**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent or Director (Print Name) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	TSD	11 TITLE	TSD
NAME	FANTA, LUBOR J	12 NAME	FANTA, LUBOR J
STREET ADDRESS	111 ATLANTIC DRIVE ANNEX	13 STREET ADDRESS	312 AULIN AVENUE
CITY-STATE-ZIP	MAITLAND FL	14 CITY-STATE-ZIP	OVIEDO, FL. 32765
TITLE	PD	21 TITLE	PD
NAME	KINNEY, FLOYD C.	22 NAME	KINNEY, FLOYD C
STREET ADDRESS	111 ATLANTIC DRIVE ANNEX	23 STREET ADDRESS	312 AULIN AVENUE
CITY-STATE-ZIP	MAITLAND FL	24 CITY-STATE-ZIP	OVIEDO, FL. 32765
TITLE	D	31 TITLE	D
NAME	KINNEY, TONYA L.	32 NAME	KINNEY, TONYA L
STREET ADDRESS	111 ATLANTIC DR ANNEX	33 STREET ADDRESS	312 AULIN AVENUE
CITY-STATE-ZIP	MAITLAND FL	34 CITY-STATE-ZIP	OVIEDO, FL. 32765
TITLE	D	41 TITLE	D
NAME	KINNEY, F. CLARK JR.	42 NAME	KINNEY, F. CLARK JR
STREET ADDRESS	111 ATLANTIC DRIVE ANNEX	43 STREET ADDRESS	312 AULIN AVENUE
CITY-STATE-ZIP	MAITLAND FL	44 CITY-STATE-ZIP	OVIEDO, FL. 32765
TITLE		51 TITLE	D
NAME		52 NAME	SCOLES, RONALD J
STREET ADDRESS		53 STREET ADDRESS	312 AULIN AVENUE
CITY-STATE-ZIP		54 CITY-STATE-ZIP	OVIEDO, FL. 32765
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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)(c), Florida Statutes. I further certify that the information included in 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 for the purposes of public employers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *L. J. Fanta* L. J. FANTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-96 (407) 359-9700
Date Fee

CR2E034 (12/95)