SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. OUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

| AMOUNT DUE ON OR BEFORE 8 |
|---------------------------|
| PROFIT |
| CORPORATION |
| ANNUAL REPOR |
| 1996 |
| |



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| 1996 | | DIVISION OF CORPORATIONS | |
|-----------------------------|-----------------|--------------------------|---|
| DOCUMENT # | F65586 | (2) | |
| SUNCOAST ELECTI | RONIC COMPONENT | S, INC. | |
| Principal Place of Business | Ma | gling Address | _ |

| SUNCOAST ELECTRONIC COMPONENTS, INC. | | | | | |
|---|---|-------------------------|--------------------------|---|--|
| Principal Place o | of Business | Mailing Address | | |) 1001/02 THE BUILD BUIL |
| · | | 9954 SWEET BAY COUR | RT | | |
| 9954 SWEET BA | | | NEW PORT RICHEY FL 34654 | | |
| | | | | | 3. Date Incorporated or Qualified |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | 4. FEI Number Applied For Not Applied For Not Applied For |
| 1 | | 26 | | | \$8.75 Additional |
| Suite, Apt # | , etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 3 | | 28 | | | Trust Fund Contribution Added to Fees |
| Ζφ | Country | Zip | Cou | ntry | Inis corporation has liability for intangible tax under silipping Statutus Yes No |
| | 25 | 29 | [30] | | 10. Name and Address of New Registered Agent |
| | 9. Name and Address of Curren | it Hegistered Agent | | 81 Name | |
| | r, robert | | | | Address (P.O. Box Number is Not Acceptable) |
| | 4 SWEET BAY COURT | | : | 82 Street | Address (F.O. Dox Mulliocris Harrisospharia) |
| NEV | W PORT RICHEY 34654 | | | 83 | |
| | | | ļ | B4 City | 85 Zip Code |
| | | | | \ | corporation submits this statement for the purpose of changing its registered loration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | egistered agent or both, in the state in familiar with, and accept the oblig- sone as boost a pale trace of the parecess. | cetaedrie tappicable (N | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | ID DIRECTORS DELETE | 111 | IILF | Change Addition |
| TIFLE | KAY, ROBERT | Lavel | 12 N | AME | |
| NAME STREET ADDRESS | 9954 SWEET BAY COURT | | 135 | TREET ADORESS | |
| CITY-ST-ZIP | NEW PORT RICHEY | | | 11Y - S1 - Z'P | Change Addition |
| TITLE | S | DELFIE | 2 1 T | | |
| NAME | KAY, SUSAN | | 221 | IAME STREET ADORESS | |
| STREET ADDRESS | 9954 SWEET BAY COURT | | 1 | OTY - ST- ZIP | |
| CITY - ST - ZIP | NEW PORT RICHEY | DELETE | | UTLF | Change Ade bot |
| TITLE NAME | | | 321 | NAME | |
| STREET ADDRESS | | | | STREET ALFORESS | |
| CITY-ST-ZIP | | | | CITY - ST - Z:P | Change Addition |
| TITLE | 1 | DELETE | | TITLE | |
| NAME | | | | NAME STREET ADDRESS | |
| STREET ADDRESS | | | | CITY - ST-ZIP | |
| CITY - ST - ZIP | | DELETE | | TIT. f | Change . Addutio |
| TITLE | 1 | | | 1.5140 | |
| TITLE NAME | | | 52 | NAME | |
| NAME STREET ADDRESS | | | 1 | NAME STREET ADDRESS | S |
| NAME | | | 53 54 | STREET ADDRESS DITY - ST - ZIP | |
| NAME STREET ADDRESS | | DELETE | 53 54 61 | STREET ANDRESS CITY - ST - ZIP TITLE | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | DELETE | 53 54 61 62 | STREET ANDRESS DITY - ST - ZIP TITLE NAME | Change Addit o |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 53 54 61 62 | STREET ADDRESS DITY - ST - ZIP TITLE TITLE STREET ADDRESS | Change Addit o |

I do hereby certify that the information indicated on this annual report or supplied price entity that the information indicated on this annual report or supplied price entity that the information indicated on this annual report or supplied entitle and an accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or supplied in the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE: ___