

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 # F92000000099 (3)

1. Corporation Name

IMI ELECTRONICS, INC.

Principal Place of Business

**351 NEW WHITFIELD ST.
GUILFORD CT 06437**

Mailing Address

**P.O. BOX 308
GUILFORD CT 06437**



3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

06/22/1995

4. FEI Number

04-2958860

Applied For

Not Applicable

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 5801 N ANDREWS WAY

26 5801 N ANDREWS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 FT LAUDERDALE FL

28 FT LAUDERDALE FL

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change

☐ Addition

TITLE

**PD
MARANTZ, JAKE**

STREET ADDRESS

**351 NEW WHITFIELD ST
GUILFORD CT 06437**

CITY-ST-ZIP

TITLE

**D
HILL, ROBERT**

STREET ADDRESS

**351 NEW WHITFIELD ST
GUILFORD CT 06437**

CITY-ST-ZIP

TITLE

**S
DURKEE, DANIEL**

STREET ADDRESS

**351 NEW WHITFIELD ST
GUILFORD CT 06437**

CITY-ST-ZIP

TITLE

**D
WONG, ERNEST**

STREET ADDRESS

**351 NEW WHITFIELD ST
GUILFORD CT 06437**

CITY-ST-ZIP

TITLE

**T
COLE, PETER**

STREET ADDRESS

**351 NEW WHITFIELD ST
GUILFORD CT 06437**

CITY-ST-ZIP

TITLE

**D
BONETTI, ALESSANDRO**

STREET ADDRESS

**351 NEW WHITFIELD ST
GUILFORD CT 06437**

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**5801 N ANDREWS WAY
FT LAUDERDALE FL 33309**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**PREMIER WAY, ABBEY PARK
ROMSEY HAMPSHIRE UK**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**T
PAUL WOLFE
5801 N ANDREWS WAY
FT LAUDERDALE FL 33309**

6.1 TITLE

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 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:

Paul Wolfe **PAUL WOLFE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

954 351 9810

Date

Daytime Phone #

CR2E034 (12/95)