FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address
6805 S ORANGE AVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6805 S ORANGE AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004324 (0)

CARSON ELECTRONICS, INC.

| ORLANDO FL 32809 | | ORLANDO FL 32809-8025 US | | | | | | |
|--|--|--|----------------------|-------------------|--|--------------------------------|----------------|--|
| US | | US | | | 3. Date Incorporated or Qualified 09/22/1993 | 3a. Date of Last 04/16/1996 | , | |
| 2. Principal Place of Business 2a. Mailing Addr | | | ess | | 4. FEI Number | | Applied For | |
| has made account to the comment of t | | 26 | <u></u> | | 59-3194845 | Not Applicable | | |
| Suite, Apt. # etc. | | Suite, Apt. #, etc. | <u></u> | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & Starc | | City & State | City & State | | 6. Election Campaign Financing \$5.00 May Be | | O May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Adde | d to Fees | |
| Ζψ | Country | Zip | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | [25] | | 30 | | Florida Statutes X Yes No | | | |
| 9. Name and Address of Current Registered Agent | | | | Name | 10. Name and Address of New Registered Agent | | | |
| **** | FE, LARRY | | 81 | Ivame | | | | |
| 200-A JOHN KNOX RD. | | | 82 | Street Ad | ldress (P.O. Box Number is Not Acceptab | le) | | |
| TALL | LAHASSEE FL 32303-6643 | | 83 | ļ | | | | |
| | | | 163 | | | | | |
| | | | 84 | City | | FL 85 2 | p Code | |
| 44 Concurrent | to the previe one of Soutiene 6 | 207 0502 and 607 1508 Florida Statute | e the abou | lo named oc | orporation submits this statement for the p | | ite registered | |
| office or r | registered agent, or both, in the | e State of Florida. Such change was a | uthorized b | y the corpor | ration's board of directors. I hereby accep | t the appointment | as registered | |
| agent La | im familiar with, and accept th | e obligations of, Section 607,0505, Fiol | rida Statute | S. | | | | |
| SIGNATURE | Signature type dior printed name of region | AlOTE | - Desiglated 4a | ent rionature rad | guired when reinstating) | DATE | | |
| 12. | | RS AND DIRECTORS | 13. | EN BIGHBIU-B TEC | ADDITIONS/CHANGES TO OFFIC | | OBS IN 12 | |
| 19108 | CDVP | DELETE | 11 TITLE | | | Change | | |
| NAME | CARSON, JOSEPH L | | 1.2 NAME | | | | i | |
| STREET ADDINESS | 5955 T. G. LEE BLVD., S | STE. 150 | | T ADDRESS | | | | |
| CITY - ST - ZIP | ORLANDO FL 32822 | | 1,4 CITY- | - 1 | | | ĺ | |
| Title | S | DELEYE | 2.1 DTLE | 01-54 | | Change | e Addition | |
| NAME | CARSON, JOSEPH L | - | 2.2 NAME | | | • | | |
| STREET ADORESS | 5955 T. G. LEE BLVD., § | STE. 150 | | T ADDRESS | | | | |
| CHY ST-7IP | ORLANDO FL 32822 | | 2.4 CITY- | ST-ZIP | | | Į. | |
| THLE | VCDP | DECETE | 31 TITLE | | | Change | e 🔲 Addition | |
| NAME | CARSON, JEANNE A | | 3.2 NAME | ļ | | | | |
| STREET ADDRESS | 5955 T. G. LEE BLVD., S | STE. 150 | 3.3 STREET ADDRESS | | | | ĺ | |
| C(1) - \$1 - 7(P | ORLANDO FL 32822 | • | 3.4. CITY - ST - ZIP | | | | ļ | |
| Telef | T | DELETE | 4.1 TITLE | | | Change | e Addition | |
| NAME | CARSON, JEANNE A | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 5955 T. G. LEE BLVD., 8 | STE. 150 | 4.3 STREET ADDRESS | | | | | |
| CHY-ST-ZiP | ORLANDO FL 32822 | | 4 4 City- | ST-ZIP | | | | |
| TITLE | | DELETE | 51 TITLE | <u>-</u> | | Change | e Addition | |
| NAME | | | 5.2 NAME | \ | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | i | |
| CITY - ST - ZIP | | | 5.4 CITY | ST-ZIP | | | | |
| intt | | DELETE | 61 TITLE | | | Change | e 🔲 Addition | |
| NAM E | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| | i | | • | ſ | | | 1 | |

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-31-97 407-851-217

FILED

Apr 04 1997 8:00am

Secretary of State

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