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Mailing Address
PO BOX 3178

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PO BOX 3178

CITY - ST - ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

NUNZIO A LUCE 1/3/97 275 8000

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003362 (0)

SPRINGWOOD ELECTRONICS INTERNATIONAL, INC.

PRINCETON NJ 08543-3178 PRINCETON NJ 08543 3a. Date of Last Report 3. Date Incorporated or Qualified 06/27/1994 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2143209 26 Not Applicable 21 Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zipi Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAZER, JULES 7700 W. CAMINO REAL, STE. 350 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City 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 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 preved contribility of required agreet and tyle if approable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THLE 1.1 TITLE LUCE, NUNZIO A NAME 1.2 NAME 39 GALSTON DR. STREET ADDRESS 1.3 STREET ADDRESS ROBBINSVILLE NJ 08691 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE LAZER, JULES NAME 2.2 NAME 7700 W. CAMINO REAL, SUITE 350 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 2 4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TIFLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TiTLE TITLE 4. 2 NAME NAME STREE! ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-7IP Addition DELETE Change 61 TITLE THILE 62 NAME NAM? STREET ADDRESS 6.3 STREET ADDRESS

64 CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the

appears in Block 12 or Block 13 it changed, or on an attachment with an address.