

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000003362 (0)

1. Corporation Name

SPRINGWOOD ELECTRONICS INTERNATIONAL, INC.

Principal Place of Business

PO BOX 3178  
PRINCETON NJ 08543

Mailing Address

PO BOX 3178  
PRINCETON NJ 08543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

LAZER, JULES  
7700 W. CAMINO REAL, STE. 350  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Lazer, Jules

82 Street Address (P.O. Box Number is Not Acceptable)

7283 Mandarin Drive

83

84 City

Boca Raton,

FL

85 Zip Code

33433

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P  
NAME LUOE, NUNZIO A  
STREET ADDRESS 39 QALSTON DR.  
CITY-STATE-ZIP ROBBINSVILLE NJ 08691

TITLE

V  
NAME LAZER, JULES  
STREET ADDRESS 7700 W. CAMINO REAL, SUITE 350  
CITY-STATE-ZIP BOCA RATON FL 33433

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X [Signature]

CR2E034 (5/98)