FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002607 (8)**

1. Corporation Name
ELECTRONICS UNLIMITED INC. OF PA

Principal Place of Business
PO BOX 269
DUBLIN PA 18917

Mailing Address
PO BOX 269
DUBLIN PA 18917

3. Date Incorporated or Qualified: **05/30/1995**

3a. Date of Last Report: **N/A**

4. FEI Number: **23-2156151** — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

NEIDICH, MICHAEL A
1985 SOUTHEAST CROWBERRY
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

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 Section 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE V NAME NEIDICH, MICHAEL A STREET ADDRESS 1985 SOUTHEAST CROWBERRY CITY, ST, ZIP PORT ST. LUCIE FL 34983	☐ DELETE	
TITLE P NAME MIRACLE, ROBERT B STREET ADDRESS 1714 STUMP ROAD CITY, ST, ZIP PERKASIE PA 18944	☐ DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this form is correct. I am aware that false information submitted in a report or statement subjects me to criminal prosecution. I further certify that the information indicated on this document or supplemental information and 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 of this document or on a separate attached sheet.

SIGNATURE Michael A Neidich Sec/Treas. Michael A Neidich 3/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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