

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 # **G43641** (1)

1. Corporation Name

**CAN-AMERICAN ELECTRONICS CORPORATION**



Principal Place of Business

**6191 ORANGE DRIVE  
APT. 6165H  
DAVIE FL 33314  
US**

Mailing Address

**7350 NW 1ST CT.  
PEMBROKE PINES FL 33024-7211  
US**

3. Date Incorporated or Qualified

**06/14/1983**

3a. Date of Last Report

**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **7350 NW FIRST CT**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

**PEMBROKE PINES**

28

Zip

Country

Zip

Country

24

**33024**

25

**BROWARD**

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMSON, ROBERT  
7350 NW 1ST COURT  
PEMBROKE PINES FL 33024**

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 their address)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **WILLIAMSON, ROBERT D.**  
STREET ADDRESS **7350 NW 1ST COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VP** ☐ DELETE  
NAME **WILLIAMSON, HELEN C.**  
STREET ADDRESS **7350 N.W. FIRST COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*Robert D. Williamson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT D. WILLIAMSON** 4/14/96 754) 466-4676  
DATE DAY-MONTH-YEAR TELEPHONE

CR2E034 (12/95)