

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

FILED  
Mar 16 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 # G68775 (7)  
1. Corporation Name  
SUNEX ELECTRONIC SUPPLY, INC.



Principal Place of Business

Mailing Address

% ROBERT C. AUGENTI  
~~5326 W CRENSHAW STR~~  
~~TAMPA FL 33634-2426~~  
US

% ROBERT C. AUGENTI  
~~5326 W CRENSHAW STR~~  
~~TAMPA FL 33634-2426~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1983

4. FEI Number

Applied For

59-2336846

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 % Robert C. Augenti

26 % Robert C. Augenti

22 Suite, Apt. #, etc.  
681 Turnberry Court

27 Suite, Apt. #, etc.  
681 Turnberry Court

23 City & State  
Tarpon Springs, FL

28 City & State  
Tarpon Springs, FL

24 Zip  
34689

29 Zip  
34689

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUGENTI, ROBERT C.  
5326 W. CRENSHAW ST.  
TAMPA FL 33634

81 Name

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

681 Turnberry Court

83

84

Tarpon Springs

FL

85

Zip Code  
34689

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME AUGENTI, ROBERT C.  
STREET ADDRESS ~~5326 W. CRENSHAW STREET~~  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE TD  
NAME HAMMONDS, ROY  
STREET ADDRESS 1267 W KING ST  
CITY-ST-ZIP COCOA FL

☒ DELETE

TITLE S  
NAME MANASCO, KAREN L.  
STREET ADDRESS 5326 W CRENSHAW STREET  
CITY-ST-ZIP TAMPA FL

☒ 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

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

681 Turnberry Court  
Tarpon Springs, FL 34689

☒ 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

SD  
AUGENTI, DEBORAH  
681 TURNBERRY COURT  
TARPON SPRINGS, FL 34689

☒ 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 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:

Robert C. Augenti

2/25/98

(813) 937-7486

CR2E034 (10/97)