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FILED  
May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G89545** (9)

1. Corporation Name  
**TRIPLE CROWN ELECTRONICS CORPORATION**

Principal Place of Business

**257 GOOLESBY BLVD  
DEERFIELD BCH. FL 33442**

Mailing Address

**4560 EASTGATE PARKWAY  
MISSISSAUGA ON L4W3W  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WHEELER, CHRISTOPHER C.  
2255 GLADES RD #340-W  
SUITE 351  
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

**03/09/1984**

3a. Date of Last Report

**04/23/1996**

4. FEI Number

**59-2408280**

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

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 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	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, CHARLES J.</b>	
STREET ADDRESS	<b>4560 EASTGATE PARKWAY</b>	
CITY-ST-ZIP	<b>MISSISSAUGA, ONT, CAN</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>AYIOTIS, PHAEDON</b>	
STREET ADDRESS	<b>4560 EASTGATE PARKWAY</b>	
CITY-ST-ZIP	<b>MISSISSAUGA, ONT, CAN</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKER, G. DWIGHT</b>	
STREET ADDRESS	<b>4560 EASTGATE PARKWAY</b>	
CITY-ST-ZIP	<b>MISSISSAUGA ON</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, BARRY</b>	
STREET ADDRESS	<b>4560 EASTGATE PARKWAY</b>	
CITY-ST-ZIP	<b>MISSISSAUGA ON</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DIRECTOR ONLY DELETE AS PRESIDENT</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:  SIGNATURE REQUIRED

**APR 30, 97 905 629 1111**

Date

Daytime Phone #

CR2E034 (9/96)