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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H26216

ADVANTAGE COMPONENTS, INC.

(2)

Mailing Address

FILED Jun 24 1997 8:00am Secretary of State



PARI N. 40TH AVENUE. UNIT 111 2421 N.		C/O J. S. WELLISCH 2421 N. 40TH AVENUE, UNIT HOLLYWOOD FL 33021-3651	N. 40TH AVENUE, UNIT 111				
					 Date Incorporated or Qualified 10/18/1984 	3a. Date of Last F 01/24/1996	Report
2. Principal Place of Business 21 × 850.3 2944 57. E. 26 × 850.3 2944.				~ T	4. FEt Number	A	pplied For
21 - 0 30 3 27/7 - 7. C. 26 - 0 30 3 27/7 Sulte, Apt. #, etc.				1. 6	59-2463156		lot Applicable
22 27					5. Certificate of Status Desired	Fee R	Additional lequired
23 PARRISH, FL 28 PARRISH, FO			FL		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
24 342	2/9 25 Country SA	29 34219 30	Country	USA	8. This corporation has liability for Florida Statutes	Yes No	s. 199.032,
g, Name and Address of Current Registered Agent							
WELLISCH, J. S. 81 Name WELLISCH J. S							
2421 N. 40TH AVENUE UNIT 111				82 Strou Address (P.O. Boo Jurilyer is Not Accordable)			
HOLLYWOOD FL 03021				05	000 2777 211	<u> </u>	
			84	City	PARRISH	FL 85 3°	4219
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 flegistered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	- Gradie	ADDITIONS/CHANGES TO OFFIC		S IN 12
TÉTLE	PD	DELETE	1.1 TITLE		100	Change	Addition
NAME	WELLISCH, J. S.		1.2 NAME		WELLISCH J.S.	•	_
STREET ADDRESS	2421 N. 40TH AVE. #111		1.3 STREET	ADDRESS	WELLISCH J.S. 85.03 2974 ST34 PARRISH, FL 34	E.	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CH Y - 5	31- 2IP	PARRISH FL 34	1219	
TITLE		DELETE 2.1 TH				Change	Addition
NAME	. 2.2 N		2.2 NAME				
STREET ADDRESS	2.3 \$		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			į
TITLE	☐ DELETE 3.1 T		3.1 TITLE			☐ Change	Addition
NAME	32 N		3.2 NAME				
STREET ADDRESS			33 STREET	ADDRESS			
CITY-ST-ZIP			3.4. DITY-	ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - S	T - ZIP			
TITLE		[] DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	ĺ			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		☐ DELE1E	5.4 CHY-S	11 - ZIP			4.449
NAME			6.1 TITLE			L Change	☐ Addilion
÷			62 NAME				
STREET ADDRESS		/	63 STREET				
CITY-ST-ZIP	ov certify that the information supplied v	vith this tiling ones not quelify to	64 City-S or the exe	mation et	tated in Section 119 07(3)(i) Florida Statutos	Liferther certify that	tho
14. I do hereby certify that the information supplied with this filing loss 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 supplier in an an 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 of the decrease or trustee empsyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for an attackment with an address.							