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 # **H32462** **(4)**

1. Corporation Name

GAMMA ELECTRONICS CORPORATION

Principal Place of Business	Mailing Address
100 E LINTON BLVD SUITE 202-B DELRAY BEACFH FL 33484 US	100 E LINTON BLVD SUITE 202-B DELRAY BEACH FL 33483 US

2. Principal Place of Business	2a. Mailing Address
21 1801 South Federal Hwy.	26 1801 South Federal Hwy
Suite, Apt. #, etc. 22 Suite 236	Suite, Apt. #, etc. 27 Suite 236
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip / Country 24 33483 / 25 Palm Beach	Zip / Country 29 33483 / 30 Palm Beach

3. Date Incorporated or Qualified	3a. Date of Last Report
12/04/1984	05/01/1995

4. FEI Number: 59-2602231 ☐ 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

9. Name and Address of Current Registered Agent

KACZOR, EUGENE
10222 CAMELBACK LANE
BOCA RATON FL 33498

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	☒ DELETE	1.1 TITLE	PTS	☒ Change ☐ Addition
NAME	POSADA-KACZOR, CONSTANZA		1.2 NAME	POSADA-KACZOR, CONSTANZA	
STREET ADDRESS	1605-B LINTON LAKE DR.		1.3 STREET ADDRESS	1801 SOUTH FEDERAL HWY, SUITE 236	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VDM	☒ DELETE	2.1 TITLE	VDM	☒ Change ☐ Addition
NAME	KACZOR, EUGENE		2.2 NAME	KACZOR, EUGENE	
STREET ADDRESS	1605-B LINTON LAKE DR.		2.3 STREET ADDRESS	1801 SOUTH FEDERAL HWY, SUITE 236	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Eugene Kaczor 4/10/96 407 279 9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EUGENE VDM