

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H68636**

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1. Corporation Name

PACE ELECTRONICS, INC.



Principal Place of Business 204 SO SEMORAN BLVD ORLANDO FL 32807 US	Mailing Address 204 SO SEMORAN BLVD ORLANDO FL 32807-3802 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1985		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2564294		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALZNER, FRED C. 204 SO SEMORAN BLVD ORLANDO FL 32807				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 reissuing.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALZNER, FRED			1.2 NAME	ALZNER, FRED C		
STREET ADDRESS	6504 ST. PARTIN PL.			1.3 STREET ADDRESS	6504 SAINT PARTIN PLACE		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO, FL 32812		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERROTTI, FRED O.			2.2 NAME			
STREET ADDRESS	8012 OLD TOWN DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	32819		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALZNER, JENNIFER			3.2 NAME			
STREET ADDRESS	6504 ST. PARTIN PL.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERROTTI, JACQUELINE			4.2 NAME			
STREET ADDRESS	8012 OLD TOWN DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	PERROTTI, ROBERT S		
STREET ADDRESS				5.3 STREET ADDRESS	926 GROVESMERE LOOP		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	OCFEE, FL 34761		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 as changed, or on an attachment with an address.

SIGNATURE  **FRED C. ALZNER** ✓ (407) 275-2400

CR2E034 (9/96)