


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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90139 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H77632 1. Corporation Name ELECTRONIC TECHNOLOGY COMPONENTS, INC.					
Principal Place of Business P.O. BOX 560635 MIAMI FL 33256-0635 US			Mailing Address P.O. BOX 560635 MIAMI FL 33256-0635 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. P.O. Box 410635 City & State MELBOURNE FL Zip 32941-0635 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 410635 City & State MELBOURNE, FL Zip 32941-0635 30 Country USA		3. Date incorporated or Qualified 09/24/1985 4. FEI Number 59-2602574 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DAVIDOW, HOWARD B. 8910 S.W. 108TH ST. MIAMI FL 33176				10. Name and Address of New Registered Agent 81 Name DAVIDOW, HOWARD B. 82 Street Address (P.O. Box Number is Not Acceptable) 842 BLACKBIRD COURT 83 84 City ROCKLEDGE FL 85 Zip Code 32955	
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 <u>Howard B. Davidow</u> <u>HOWARD B. DAVIDOW</u> <u>MARCH 20, 1999</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE DP <input type="checkbox"/> DELETE NAME DAVIDOW, HOWARD B. STREET ADDRESS 8910 SW 108TH ST CITY-ST-ZIP MIAMI FL TITLE ST <input type="checkbox"/> DELETE NAME DAVIDOW, VASALIKI J. STREET ADDRESS 8910 S.W. 108TH ST. CITY-ST-ZIP MIAMI FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 11 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME DAVIDOW, HOWARD B. 13 STREET ADDRESS 842 BLACKBIRD COURT 14 CITY-ST-ZIP ROCKLEDGE, FL 32955 21 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME DAVIDOW, VASALIKI J. 23 STREET ADDRESS 842 BLACKBIRD COURT 24 CITY-ST-ZIP ROCKLEDGE, FL 32955 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
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, with all other like empowered.					

SIGNATURE: Howard B. Davidow PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD B. DAVIDOW

3/20/99

Date

407-637-3389

Daytime Phone #

CR2E034 (11/98)