## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 H84101 **DOCUMENT #** 

(5)

CHM ELECTRONICS INC.

Principal Place of Business Mailing Address						a indestrie dien indestrie didnie abbite d	YOSON II ON OU OSON OU	ist monet minit	DINET BINETE INDE
5702 GULFPORT BLVD. 5702 GULFPORT BLVD. GULFPORT FL 33707 GULFPORT FL 33707			<b>)</b> .						
						3. Date Incorporated or Qualifit 11/05/1985		te of Last R	
2. Principal Pi 21	tace of Business	2a. Mailing Address 26				4. FEI Number 59-2614451	A. of	<b>—</b> ———	Applied For Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	X		Additional Required
City & State	е	City & State				Election Campaign Financin     Trust Fund Contribution	9 🗆		O May Be
Ζιρ <b>24</b>	Country 25	Ζ <sub>I</sub> p <b>29</b>	Country 30			8. This corporation has liability for intangitule tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of Ne	w Registered	Agent	
				61	Name				
AMITRANO, ANN 8400 4TH ST. N. ST. PETERSBURG FL 33702				82	Street Ac	ess (P.O. Box Number is Not Acceptable)			
				83					
				84	,		FL	_   '	p Code
or register	red agent, or both, in the State of Flo ith, and accept the obligations of, Sec System, band a price care of rejamed age	ction 607.0505, Florida Statute	zea by the is.	corp	oration's b	coration submits this statement for the oard of directors. I hereby accept the ured when reinstating!	appointment a	anging its r s registered	registered office I agent. I am
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	DRS IN 12
TILLE	\$D	☐ DELETE	1 1 1	LILLE		-		Change	☐ Addition
NAME	COOK, JANET A.		1.2 N	AME					
STREET ADDRESS	807 WYNHOLLOW TRACE,	<b>!</b> 7	1.3 S	TREET	ADDRESS				
CHTY-ST-ZIP	NORCROSS GA			ITY-S	T-ZIP		···		
TII.f	PVD	☐ DELETE	2 1 1	TITLE				Change	☐ Addition
NAME	MCKNIGHT, JANET E. 5810 21ST AVE. S.		2 2 N						
STREET ADDRESS	GULFPORT FL				ADORESS				
CITY - ST - ZIP TITLE	T	☐ DELETE	24C 31T	ITY-S	T-ZIP			C) ()	E Marie
NAME	CHARLES H. McK		3 1 I					☐ Change	Addition
STREET ADDRESS	5810 21st Aver			-	ADDRESS				
CITY-51-719	Gulfport, FLOR			HY-S					
THE		DELETE	4.11		1-21			Change	Addition
NAM;		_	4 2 N		1				
SPREED ADDRESS			435	TREET	ADDRESS				
CIY-SI ZP	l		440	iTY-S	T-ZIP				
TillE		☐ DELETE	5 1 1	ITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			53S	TREET	ADDRESS				
CITY-ST-7F			540	ITY-S	T-ZIP				
THEF		☐ DELETE	6 1 7	ITLE				Change	☐ Addition
NAME			62 N	AMÉ					
STREET ADDRESS			63\$	IREET	ADDRESS				
CITY-SI-ZIF				ITY-S		y for the everyation stated in Cost on t			

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 3 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPES OR PRINTED AND

SIGNATURE:

A 1861010 FORD KANIS ALROY SITTA ABOUT 1961 BYDYL DIGIG BYDYL DEBUK ALRYS DIGIG 1884