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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H84101

(5)

1. Corporation Name
CHM ELECTRONICS INC.



Principal Place of Business
5702 GULFPORT BLVD.
GULFPORT FL 33707

Mailing Address
5702 GULFPORT BLVD.
GULFPORT FL 33707-4855

3. Date Incorporated or Qualified
11/05/1985

3a. Date of Last Report
01/23/1996

4. FEI Number
59-2614451

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

2. Principal Place of Business
5810 21st AVE SOUTH

2a. Mailing Address
5810 21st AVE SOUTH

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State
Gulfport, Florida

28 City & State
Gulfport, Florida

24 Zip 33707 Country USA

29 Zip 33707 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMITRANO, ANN
8400 4TH ST. N.
ST. PETERSBURG FL 33702

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME COOK, JANET A.
STREET ADDRESS 807 WYNHOLLOW TRACE, #7
CITY-ST-ZIP NORCROSS GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PVD
NAME MCKNIGHT, JANET E.
STREET ADDRESS 5810 21ST AVE. S.
CITY-ST-ZIP GULFPORT FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME MCKNIGHT CHARLES H JR
STREET ADDRESS 5810 21ST AVENUE S
CITY-ST-ZIP GULFPORT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 or on an attachment with an address.

SIGNATURE: *Charles H. McKnight Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. McKnight Jr.
Date 1/22/97 Daytime Phone 813-345-1109

CR2E034 (9/96)