

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 11:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H92455 (5)

1. Corporation Name
FLORIDA ELECTRO COMPONENTS, INC.

Principal Place of Business Mailing Address
14544 PEBBLE BEACH BLVD. 14544 PEBBLE BEACH BLVD.
ORLANDO FL 32826 ORLANDO FL 32826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1985
3a. Date of Last Report 04/20/1994

2. Principal Place of Business 2a. Mailing Address
21 2806 SE 25 TERRACE 26 2806 SE 25 TERRACE

4. FEI Number 59-2661346
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 Ocala, FL 26 Ocala, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Zip
24 32826 25 MARION 28 34471 30 MARION

8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, BARBARA HUNT
14544 PEBBLE BEACH BLVD
ORLANDO 32826

81 Name LYNN STELLMACH
82 Street Address (P.O. Box Number is Not Acceptable) 2806 SE 25 TERRACE
83
84 City Ocala FL Zip Code 34471

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 Lynn Stellmach LYNN STELLMACH DATE 8-3-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, BARBARA HUNT	1.2 NAME	
STREET ADDRESS	14544 PEBBLE BEACH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLMACH, LYNN	2.2 NAME	
STREET ADDRESS	2806 SE 25TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: Lynn Stellmach DATE 8-3-95 (904) 351-4125
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LYNN STELLMACH

CR2E034 (3/95)