SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H92455

(5)

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA Principal Place	A ELECTI	RO COMPONEN		ng Address							
11129 W. CED. CRYSTAL RIVE US			CRY	11129 W. CEDAR LAKE DR. CRYSTAL RIVER FL 34428 US				DO NOT WRITE IN THIS SPACE			
00			•					3. Date Incorporated or Qualified	3a. [ate of Last R	teport
								12/30/1985	l n	5/01/1996	
2. Principal Pl	ace of Busin	ness	2a. M	2a. Mailing Address				4. FEI Number			oplied For
21			26	26				59-2661346		No	ol Applicable
Suite, Apt.	#, etc.		S	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27	27				5. Certificate of Status Desired	لبا	Fee Re	equired
City & State)		C	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28	28				Trust Fund Contribution		Added	to Fees
Zip	Zip Country			Zip Countr				8. This corporation owes or has paid the current year Intangible			tangible
24	25		29	4				Personal Property Tax due June 30. 🔲 Yes 🔲 No			
	9. Name	and Address of Cur	ent Register	ed Agent				10. Name and Address of New R	glatered	Agent	
STE	4LLMACH.	LYNN			В	11	Name				ŀ
1113	29 W. CED	AR LAKE DR.				2	Street Addre	et Address (P.O. Box Number is Not Accepte			
CRY	STAL RIVE	R FL 34428						Silver Fladings (C.S. Box Harriog, 15 Hot Acceptable)			
					8	3					
							City		FI	85 Zip	Code
11. Pursuant t	to the provis	ions of Sections 607.0	502 and 607.	1508, Florida Stalu	ites, the abo	VO-	named corpo	oration submits this statement for the			ts registered
agent. I a	egi ste red ag m fam iliar wi	ent, or both, in the Sta th, and accept the ob	ite of Florida ligations of, S	Such change was section 607,0505, F	authorized Iorida Statut	by tes.	the corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE .		···									
	Signature, typod	or printed name of registered				Agent	signature require	d when reinstating)	DATE	ID DIDECTOR	20 11 40
12.	P	OFFICENS	AND DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFFI	CENS AN	Change	Addition
NAME	•	ACH, LYNN		L_ Darrie						L Guange	
				1.2 NAME			00100				
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CITY-ST-ZIP					4.4 CITY	- 51 -	ZIP				
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OTTLE OF THE					0.3 3 1 1 2	LIA	DUNESS			ď,	v '

6.4 CITY-S1-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 it changed, or on an attachment with an address.

Howh Deportment of State: As par direction from Shandolyn of your office regarding House Electro Components Dec. 1546

On or about Juruay 10, 1997 I parsovely morted to you the Annual Report and a check numbered 2636 for \$165.00 to cover Corporate Jues for 1997. It recently received notice from you that I now have to pay \$1550.00 for being late.

As per Gwerdolyn of your office, al am again sending the Annual Report with a cheat for 165.00. I appreciate any assistance you can give me in the matter.

Thork you, fun Stelmh/Pra. Florida Elette Componente, de.