

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

FILED

Apr 18 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 # **H98476** (5)
1. Corporation Name
TELSTAR ELECTRONICS INCORPORATED



Principal Place of Business 2290 NORTH C.R. 427 SUITE 152 LONGWOOD FL 32750 US	Mailing Address 2290 NORTH C.R. 427 SUITE 152 LONGWOOD FL 32750-3534 US
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/10/1986	3a. Date of Last Report 04/23/1996
21	26	4. FEI Number 59-2645704	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EASTWOOD, DAN W 2290 NORTH C.R. 427 SUITE 152 LONGWOOD FL 32750	10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	EASTWOOD, DAN W	1.2 NAME	John T. Adkin
STREET ADDRESS	426 LAKE DORA DRIVE	1.3 STREET ADDRESS	1506 Camel Ct.
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	CTD	2.1 TITLE	
NAME	EASTWOOD, DAN W. JR	2.2 NAME	
STREET ADDRESS	426 LAKE DORA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	EASTWOOD, JEAN	3.2 NAME	
STREET ADDRESS	426 LAKE DORA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE: **John T. Adkin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/11/97** Daytime Phone: **407/339-8775**

0067702

CR2E034 (9/96)