CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (5)TELSTAR ELECTRONICS INCORPORATED Principal Place of Business Mailing Address 2290 NORTH C.R. 427 2290 NORTH C.R. 427 SUITE 152 SUITE 152 DO NOT WRITE IN THIS SPACE LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 02/10/1986 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 59-2645704 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name EASTWOOD, DAN W 2290 NORTH C.R. 427 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 152** вэ LONGWOOD FL 32750 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ■ DELETE 1.1 TITLE Change ___ Addition ADKIN, JOHN J NAME 1.2 NAME 1508 CAMEL CT STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition EASTWOOD, JEAN 2.2 NAME **426 LAKE DORA DRIVE** STREET ADDRESS 2.3 STREET ADDRESS TAVARES FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition THILE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or traspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

NITAdKin 4/10/98-407/339-8775 SIGNATURE