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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J03990

(5)

ELECTRONIC DESIGN SPECIALISTS, INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						* HOREITO WHILE SELECTION THE SELECTION OF	.11 <b>BIB11 B</b>		1811 86811 1881	
% DAVID T. MIGA 4647 APPALACHIAN ST. BOCA RATON FL 33428			% DAVID T. MIGA 4647 APPALACHIAN ST. BOCA RATON FL 33428				DO NOT WRITE IN	THIS S	PACE	
US			US				3. Date Incorporated or Qualified			
							03/14/1986			<u></u>
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Applied For
Suite Ant # alo		26	Suite, Apt. #, etc.				59-2714651			Not Applicable
Sulte, Apt. #, etc.		27	7				5. Certificate of Status Desired	]	Fee F	Additional Required
City & State			City & State				6. Election Campaign Financing	า		May Be
3 Zip	Country	28	Z-p	Cou	untry		Trust Fund Contribution			d to Fees
4	25	29	c up	30	,,,,,		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>			ntangible □ No
<del>9</del> 1	g. Name and Address of Curren		ered Agent	130	Τ-		10. Name and Address of New Regist			
MIG	IA, DAVID T.	<b></b>			81	Name			•	
	7 APPALACHIAN ST				82					
BOCA RATON FL 33428						Street Add	ress (P.O. Box Number is Not Acceptable)			
						<del> </del>				
									1	
					84	City		FL	<b>85</b>   Zip	Code
	Signature, typud or printed name of registered age OFFICERS AN			_	d Age	ent signature requ		AND	DIRECTO	DC IN 12
TITLE	OP OF FICE NO AIVE	JUINEC	DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS	AND	Change	
NAME	MIGA, DAVID T.		- Dicerc	1.2 N					Onlongo	
STREET ADDRESS	4647 APPALACHIAN ST					ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1		ST-ZIP				
TITLE			DELETE	2.1 Ti		". <u>"</u>			Change	Addition
NAME				2.2 N	AME				-	
STREET ADDRESS				2.3 S	TREET	ADDRESS				
CITY-ST-ZIP				2.40	)ITY-5	ST-ZIP				
TITLE			DELETE	3.1 10	TLE			Ţ	Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP						ST - ZIP				
TITLE			☐ DELETE	4.1 Ti		1		L	Change	Addition
NAME				4.21						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE		TLE	T-ZIP		_ <del></del> ,	Change	Addition
TITLE				5.1 To 5.2 N				L	— origings	□ Additid∏
NAME Street Address						ADDRESS				
CITY-ST-ZIP						it-ZIP				
TITLE			DELETE	6.1 1					Change	Addition
NAME				62 N				•	,	
STREET ADDRESS				6.3 \$	TREET	ADDRESS				
CITY-ST-ZIP						IT- ZIP				
indicated of officer or o	on this annual report or supplementa	Fannuati eiver or tr	report is true and accustee empowered to	curate an	d tha	at my signati	n Section 119.07(3)(i), Florida Statutes. I furti ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes, and	de und	er oath; th	hat I am an

DAVID T. MIGA PRES SIGNATURE: