√ SECONÓ 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.)

APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION 97 AUG -4 AMII: 09 Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS DOCUMENT # J93875 (9)LDL ELECTRONICS, INC. Principal Place of Business Mailing Address C/O LARRY D. LYNCH C/O LARRY D. LYNCH 219 E. OCEAN BLVD. 219 E. OCEAN BLVD. DO NOT WRITE IN THIS SPACE STUART FL 34994 STUART FL 34994 3a. Date of Last Report 3. Date Incorporated or Qualified 09/18/1987 04/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0011018 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. □ No 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LYNCH, LARRY D. 13392 158TH STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 83 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE TITLE 111IIIE 9000022600**4**9 LYNCH, LARRY D. NAME 1.2 NAME --010 13392 158TH ST. NO. STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 JUPITER FL CITY-ST-ZIF 1.4 CITY - \$1 - ZIP DELETE ☐ Change TITLE Addition 2.1 1/11/2 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 10 LE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - ZIP Change DELETE TITLE 6.1 THILE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 Statules. I further certify that the

appears in Block 12 or Block 13 in hanged, or on an attachment with an address.

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 eath; 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