FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K06377** **(1)**

1. Corporation Name

LENCO ELECTRONICS, INC., S.E.

Principal Place of Business

% JOHN V. A. HOLMES. ESQ.
947 CORNWALL RD
SANFORD FL 32773
US

Mailing Address

% JOHN V. A. HOLMES. ESQ.
947 CORNWALL RD
SANFORD FL 32773
US

3. Date Incorporated or Qualified: **12/10/1987**

3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21 947 CORNWALL RD
Suite, Apt. #, etc.
22
City & State
23 SANFORD FL
Zip
24 32773
Country
25 USA

2a. Mailing Address
26 947 CORNWALL RD
Suite, Apt. #, etc.
27
City & State
28 SANFORD FL
Zip
29 32773
Country
30 USA

4. FEI Number: **59-2861804** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRASSEUR, THOM
947 CORNWALL RD
SANFORD 32773

10. Name and Address of New Registered Agent

81 Name: R.THOMAS BRASSEUR, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
83 901A CORNWALL RD
84 City: SANFORD **FL** 85 Zip Code: 32773

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: *Thom Brasseur* 3/26/96
(Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BRASSEUR, TOM		12 NAME	
STREET ADDRESS	5241 HOLSTEIN RD		13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SAMARAS, NICK		22 NAME	
STREET ADDRESS	501 TOMAH		23 STREET ADDRESS	
CITY-ST-ZIP	MT. PROSPECT IL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, LEN		32 NAME	
STREET ADDRESS	4906 WESTSHORE DR		33 STREET ADDRESS	
CITY-ST-ZIP	MCHENRY IL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	300001764053
STREET ADDRESS			63 STREET ADDRESS	-04/01/96--01022--019
CITY-ST-ZIP			64 CITY-ST-ZIP	***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X *Thom Brasseur* 3/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

PRES (Title)

SEE 3-30-96

CR2E034 (12/95)