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FILED

May 08 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 # K06377

(1)

1. Corporation Name

LENCO ELECTRONICS, INC., S.E.

Principal Place of Business

947 CORNWALL RD
SANFORD FL 32773
US

Mailing Address

947 CORNWALL RD
SANFORD FL 32773-7312
US

3. Date Incorporated or Qualified

12/10/1987

3a. Date of Last Report

03/30/1996

2. Principal Place of Business

21 947 CORNWALL RD.

Suite, Apt. #, etc.

City & State

23 SANFORD, FL.

Zip

24 32773

Country

25 USA

2a. Mailing Address

26 947 CORNWALL RD.

Suite, Apt. #, etc.

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, R. THOMAS JR.
801A CORNWALL RD
SANFORD FL 32773

10. Name and Address of New Registered Agent

81

Name

BRASSEUR, R. THOMAS

82

Street Address (P.O. Box Number is Not Acceptable)

947 CORNWALL RD.

83

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRASSEUR, TOM	
STREET ADDRESS	5241 HOLSTEIN RD	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAMARAS, NICK	
STREET ADDRESS	501 TOMAH	
CITY - ST - ZIP	MT. PROSPECT IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, LEN	
STREET ADDRESS	4906 WESTSHORE DR	
CITY - ST - ZIP	MCHENRY IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5047 NORTH AIA APT. 502
2.4 CITY - ST - ZIP	N. HUTCHINSON ISLAND, FL. 34949
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0071635

CR2E034 (9/96)