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COP	PROFIT RPORATION			RTMENT OF STATE	Apr 08 19	998 8:0	0am
	ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUI	MENT # K1	8787	(7)				
ELECTR	O DESIGN, INC.				) STOLDISK OOR SUDEL KOUSE LOEDE LOEDE (DOG V	HAN REAM AND AND AND A	NAH KORI
Principal Plac	e of Business	Maihr	ng Address				
1 MARK J. MORRISON % MARK J. MORRISON BOX 160928 BOX 160928							
	SPRINGS FL 32746		Monte springs fl	32746	DO NOT WRITE I	N THIS SPACE	<del>.</del> <del>.</del>
					<ol> <li>Date Incorporated or Qualified 03/14/1988</li> </ol>		
	Place of Business	2a. M	ailing Address		4. FEI Nurnber 59-2886001		olied For Applicable
Suite, Apt.	#, etc.		uito, Apt. #, etc			S8.75 A	dditional
City & State	e	27 C	ily & State		B. Election Campaign Financing	Fee Rec \$5.00 N	
Zip	Country	28 Zi	n	Country	Trust Fund Contribution	Added to	Fees
ι <u>,</u>	25	29	ν	30	<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>	0. 🗋 Yes 🗌	No
	9, Name and Addres RRISON, MARK J.	s of Current Register	ed Agent	61 Name	10. Name and Address of New Reg	stered Agent	
	6 PARKWAY COMMER	RCE BLVD., STE. I		62 Street Ac	ddress (P.O. Box Number is Not Acceptable	>)	
OR	LANDO FL 32806			B3	33 MONTANA S	T.	
				11			
				R4 City -	~	as Zin C	inde
A Pureupol	to the provisions of Sachi	one 607 0502 and 607	1508 Elouida Statut	84 City 01	QLANDO	FL 85 Zip C	しんて ノンニコー
II. Pursuant office or r agent. I a	to the provisions of Section registered agent, or both, and familiar with, and acce	ons 607.0502 and 607 in the State of Florida pt the obligations of, S	1508, Florida Statut Such change was loction 607.0505, Fl	es, the above-named c authorized by the corpo orida Statutes.	CLANDO orporation submits this statement for the pu pration's board of directors. I hereby accept		しんて ノンニコー
				es, the above-named ca authorized by the corpo orida Statutes.	orporation submits this statement for the pu vration's board of directors. I hereby accept <b>T. MORRISON</b> , PD		レイノニコー
SIGNATURE	Signature, typed or printed name o		opicable (NOT DRS	es, the above-named c. authorized by the corpo orida Statutes. DAR K E Registered Agent signature re 13.	orporation submits this statement for the pu vration's board of directors. I hereby accept <b>T. MORRISON</b> , PD	DATE	registered egistered
SIGNATURE 12. IIILE	Stonature, typed or printed name o OF	of registered agent and the Ital FICERS AND DIRECTO	piicable (NOT	es, the above-named c authorized by the corpo orida Statutes. MARK E: Registered Agent signature re	orporation submits this statement for the pu vration's board of directors. I hereby accept <u>J. MORCLISON</u> , PD aquired when reinstating	rpose of changing its the appointment as r	registered egistered
SIGNATURE 12. IITLE WME	Stgneture, typed or protect name OF PD MORRISON, MARK 4436 PARKWAY CO	of registered agent and bill it in FICERS AND DIRECTO	Inviicable (NOT DRS DELETE	es, the above-named c authorized by the corpo oricla Statutes.	ADDITIONS/CHANGES TO OFFICE	DATE	registered egistered
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	Stgneture, typed or protect name o OF PD MORRISON, MARK	of registered agent and bill it in FICERS AND DIRECTO	Inviicable (NOT DRS DELETE	es, the above-named c authorized by the corpo oricla Statutes.	ADDITIONS/CHANGES TO OFFICE	DATE	registered egistered
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