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 # L03460 (7)

1. Corporation Name
JASMIN ELECTRONICS LAB, INC.

Principal Place of Business
102 COURT ST.
KISSIMMEE FL 34741

Mailing Address
102 COURT ST.
KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 07/14/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2957277 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
~~DALE G. SKUNDA~~
~~102 COURT STREET~~
~~KISSIMMEE FL 34741~~
Robert L. Jasmin
102 COURT ST
KISSIMMEE, FL 34741

10. Name and Address of New Registered Agent
81 Name: ROBORT L. JASMIN
82 Street Address (P.O. Box Number is Not Acceptable): 102 COURT ST
83 KISSIMMEE
84 City: FL
85 Zip Code: 34741

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] ROBORT L. JASMIN 6-18-96
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	VD	☐ DELETE
NAME	JASMIN, MARY R.	
STREET ADDRESS	102 COURT STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PD	☐ DELETE
NAME	JASMIN, ROBERT L.	
STREET ADDRESS	102 COURT STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	~~VPD~~	☒ DELETE
NAME	~~SKUNDA, GAIL P.~~	
STREET ADDRESS	~~1812 DELAWARE AVE.~~	
CITY-ST-ZIP	~~SAINT CLOUD FL~~	
TITLE	~~STD~~	☒ DELETE
NAME	~~SKUNDA, DALE G.~~	
STREET ADDRESS	~~1812 DELAWARE AVE~~	
CITY-ST-ZIP	~~SAINT CLOUD FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	NONE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	NONE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	800001917748 -08/03/96--01033--014 ***225.00	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

2E034 (12/95)

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)(k), 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] 6-18-96 407-847-4316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #