

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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5-1-95 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L32919

(7)

1. Corporation Name

MYM ELECTRONICS, INC.

Principal Place of Business

Mailing Address

**2006 VERNON PL
MELBOURNE FL 32901
US**

**P O BOX 825
MELBOURNE FL 32902-825
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/27/1989

04/14/1994

4. FEI Number

Applied for

59-2986329

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**

7. This corporation has agency for interstate tax under Chapter 207
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAH, MANHAR L.
2006 VERNON PL
MELBOURNE FL 32901**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) 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. Each 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 responsibility of Sections 607.09(5) Florida Statutes.

SIGNATURE

M. L. Shah

M. L. SHAH, President

5-1-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Page 1)

NAME	PD
NAME	SHAH, MANHAR L.
STREET ADDRESS	603 JASMINE DR.
CITY, STATE, ZIP	MELBOURNE BCH FL
NAME	D
NAME	SHAH, UMA M.
STREET ADDRESS	603 JASMINE DR.
CITY, STATE, ZIP	MELBOURNE BCH FL
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Add
1. NAME	
1. STREET ADDRESS	
1. CITY, STATE, ZIP	
2. NAME	☐ Change ☐ Add
2. NAME	
2. STREET ADDRESS	
2. CITY, STATE, ZIP	
3. NAME	☐ Change ☐ Add
3. NAME	
3. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	☐ Change ☐ Add
4. NAME	
4. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Add
5. NAME	
5. STREET ADDRESS	
5. CITY, STATE, ZIP	
6. NAME	☐ Change ☐ Add
6. NAME	
6. STREET ADDRESS	
6. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption as stated in Chapter 207, Florida Statutes. I further certify that the information is required on the annual report or supplemental annual report. I am and am eligible and that my signature shall be on the same report office. I am a resident of the State of Florida or a director of the corporation or the resident or director empowered to make this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 or Block 13 or attached as an attachment with an address.

SIGNATURE:

M. L. Shah

M. L. SHAH, President

5-1-95

(407) 728-1457