

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L34589 (6)

1. Corporation Name
EXTRON CORP. OF SOUTH FLORIDA



Principal Place of Business 1402 E LAS OLAS BLVD #1034 FORT LAUDERDALE FL 33301 US	Mailing Address 1402 E LAS OLAS BLVD #1034 FORT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/07/1989

4. FEI Number 65-0163914	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business 6466 NW 5th way	2a. Mailing Address 6466 NW 5th way
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State FTLAUD FL	28. City & State FTLAUD. FL.
24. Zip 33309	25. Country U.S.
29. Zip 33309	30. Country U.S.

9. Name and Address of Current Registered Agent

PASSARIELLO, JOHN
6466 NW 5TH WAY
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHEELER, DONALD J.	
STREET ADDRESS	1871 HENDERSONVILL RD., #181	
CITY-ST-ZIP	ASHEVILLE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHEELER, MICHAEL S.	
STREET ADDRESS	7273 DIVISION STREET	
CITY-ST-ZIP	BEDFORD OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RILEY, N.H.	
STREET ADDRESS	105 CUMQUAT ROAD N.W.	
CITY-ST-ZIP	LAKE PLACID FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wheeler, Donald J.	
1.3 STREET ADDRESS	5800 Overseas Highway	
1.4 CITY-ST-ZIP	Marathon, Florida 33050	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: *N. H. Riley* **N. H. Riley, Treas 03-30-98 941-699-1215**

CP2E034 (10/97)