COR ANNU	PROFIT CORPORATION ANNUAL REPORT		3 FEE AFTER		FLORIDA DEPARTMENT OF Sandra B. Morthai Secretary of State DIVISION OF CORPORAT			OF STATE			FILED Jan 20 1998 8:00am Secretary of State						
DOCUN 1. Corporation	1998 MENT # Name ELECTRON		3416		(1)	_											
Principal Place of Business 4233 US HWY 1 EDGEWATER FL 32141 US				Mailing Address PO BOX 597 4233 US HWY 1 EDGEWATER FL 32132 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1990						
2. Principal Pl	ace of Busines	SS .		26	iling Addre		÷			_	4. FEI Numbe	er				Not	olied For Applicable
Suite, Apt.	#, etc.			27	ite, Apt. #, 6	etc.	E				5. Certificate	of Status Des	ired		T		dditional juired
City & State	9			Cit 28	y & State		ļ.				6. Election C	ampaign Final i Contribution	ncing				May Be Fees
Zip 24	25	Country		Zip 29	>	30	Country	У			8. This corpo				rrent yea		ngible No
24			of Current R		d Agent		-					Address of			Agent		
BRI	UELS, JOHN	F					81		Name		-						
	B3 US HWY						82	+	Street A	Addres	ss (P.O. Box Nu	mber is Not A	ccepta	ble)			
ED	GEWATER FI	32132						1			····						
							83	1									
							84	1	City					FL	. `	Zip C	
11, Pursuant to office or re agent. La	to the provision egistered ager m familiar with	ns of Section at, or both, it, and accep	ns 607.0502 at the State of I t the obligation	nd 607.1 Florida. S ns of, Se	508, Florida Such chang ection 607.0	a Statutes, e was auth 505, Florid	the abov lorized b a Statute	/e- y t	named the corp	corpo oratio	ration submits to on's board of dire	his statement ectors. I hereb	for the by acce	purpose o	f changi oointmen	ng its it as r	registered egistered
SIGNATURE	Stonature, typed or										d when reinstating)			DATE			
12.	Signature, typed or	<u> </u>	ICERS AND D			(NOIL: N	13.	jo, re	- agricio o	.040		CHANGES T	O OFFI		DIREC	TORS	S IN 12
TITLE	DPS				DEL	.ETE	1.1 TITLE								☐ Cha	nge	Addition
NAME	BRUELS,						1.2 NAME										
STREET ADDRESS	4233 U.S. EDGEWA1						1.3 STREE										
CITY-ST-ZIP TITLE	D	LNFL			DEL	ETE	1.4 CITY 2.1 TITLE		- 219						☐ Chai	nge	Addition
NAME	_	CECILE J.					2.2 NAME										
STREET ADDRESS	806 S. RI	Verside E	R				2.3 STREE	T A	DDRESS								
CITY - ST - ZIP	EDGEWA1	TER FL			 		2. 4 CITY-		- ZIP								[] Azzetten
TITLE	AS DUBY IS	ABINDRIE C			☐ DEL	.ETE	3.1 TITLE								☐ Cha	nge	Addition
NAME		annine s :r circle					3.2 NAME 3.3 STREE		nnoree								
STREET ADORESS CITY-ST-ZIP	EDGEWAT						3.4. CITY-										
TITLE	T				☐ DEL	ETE	4.1 TITLE						•		☐ Cha	nge	Addition
NAME	BRUELS,					•	4. 2 NAME	E									
STREET ADDRESS	4233 U.S.						4.3 STREE										
CITY - ST - ZIP	EDGEWAT	EK FL			☐ DEL	CTC	4.4 CITY-		- ZIP						☐ Cha	nae	Addition
TITLE					ויין חנו	.c16	5.1 TITLE 5.2 NAME								0.00		
NAME PARCET ADDRESS									DDBESS								

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. A. Build TOWN F. Rone's 1-7-98 1-904-345-3222

__ Change

Addition

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME