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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # L92

(1)

2a. Mailing Address

SUNRISE COMPONENTS AND TESTING, INC.

Principal Place of Business	Mailing Address	
P O BOX 475 VALRICO FL 33594	P O BOX 475 VALRICO FL 33594	

26

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

08/13/1990 4. FEI Number

59-3020890

City & State 3 Zip Country Zip Country Al December 2	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
20		8			& Election Campaign Financing					
Section Sect	23									
BEERG, HUGO C. BARNETT PLAZA, SUITE 2560 101 E. KENNEDY BLVD. TAMPA FL 33602 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent. are floridated accept the cellipations of, Section 607.0502 and 607.1509, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent. are floridated accept the cellipations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. are floridated accept the cellipations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. are floridated accept the cellipations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I TITLE Change Addition		⊢ ′	⊢ ¬ '	· · · · · · · · · · · · · · · · · · ·						
EDBERG, HUGO C. BARNETT PLAZA, SUITE 2560 101 E. KENNEDY BLVD. TAMPA FL 33602 11. Pursuant the provisions of Sections 607,0502 and 607,1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registeried 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 signature, to provide the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered signature, typed or primary and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE 12. OFFICERS AND DIRECTORS 11. STREET ADDRESS CITY-ST-ZP TITLE 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LYNEN, RICHARD 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LYNEN, RICHARD 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. NAME 22. STREET ADDRESS CITY-ST-ZP TITLE 13. TITLE 14. CITY-ST-ZP 14. CITY-ST-ZP 14. CITY-ST-ZP 15. TITLE 16. Change Addition Addition AND STREET ADDRESS 22. CITY-ST-ZP TITLE 16. Change Addition Addition Addition AND STREET ADDRESS 23. STREET ADDRESS 24. CITY-ST-ZP TITLE 16. Change Addition Addition Addition ADDITIONS/CHANGES 23. STREET ADDRESS 24. CITY-ST-ZP TITLE 16. Change Addition Addition Addition ADDITIONS/CHANGES 23. STREET ADDRESS 24. CITY-ST-ZP TITLE 16. Change Addition Addition Addition ADDITIONS/CHANGES 24. CITY-ST-ZP TITLE 16. Change Addition Add	24									
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied report or supplemental applied report is true and accurate and that my signature shall have the same legal effect as if made under cetti, that I am an	14. I hereby c	ertify that the information supplied with	this filing does not qualif	y for the exe	mpti	on stated in Se	ection 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information	

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 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 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 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 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the receiver or trustee empowered to execute the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the receiver or trustee and the

SIGNATURE:

hwavel H. Incurs

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