## FILE NOW: Fee after May 1, will be \$588.75

INHSE10 R(12-96)

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	ED LIABILITY COMPANY ANNUAL REPORT 1997	FLORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COF	<b>lortham</b> f State	,	FILED	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee						
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				97 APR 18 PM 12: 29		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #I,9400000411				SECRETARY OF STATE TALL AHASSEE, FLORIDA  1a. Principal Place of Busiliess Address		
INCOMP ELECTRONICS USA, L.C. 500 NE SPANISH RIVER BLVD SUITE 105B BOCA RATON FL 33431				500 NE SPANISH RIVER BLVD SUITE 105B BOCA RATON FL 33431		
	mailing address is incorrect in any way, line through inco		rrection in Block 2a.	Date Organized or Qual	ified 3a. State of Formation	
2. Principal Place of Business  4731 W. Atlantic Ave 4731 W. Atlantic Ave  Suite, Apt. #, etc.  Suite, Apt. #, etc.				-08/23/1994 FL		
City & Sta	· ·	B13		4. FEI Number	Applied For	
City & Sie	EAN BEACH FL D	& State	r/	650514413	Not Applicable	
Zip	Country Zip	elray Beach	ntry	5. Date of Last Report	6. Certificate of Status Desired	
334		3447	·	05/10/1996	\$6.75 Additional Fee Required	
	7. Name and Address of Current Registe	ered Agent	Name	8. Name and Address of Ne	ew Registered Agent	
SULTE 205 BOCA RATON FL 33431			Sulte, Apt. #, etc	,		
its registe as registe	ant to the provisions of Sections 608.416 and 608 red office or registered agent, or both, in the State of ored agent, and accept the obligations.  JRE	f Florida. Such change was	authorized by affirm	d liability company submits this alive vote of a majority of the me DATE		
0. Title	(Registered Agent Accepting Appointment) (NOTE Registered Agent signals  Managing Members/Managers Busin		ess Street Address	99)	City, State and Zip Code	
GMB :	FULTON, DRAKE 2519 N. OCEAN BLVD., APT. BOCA RATON FL				RATON FL	
	NEW ADDICES  NEW ADDICES  NEW ADDICES  NEW ADDICES  NEW ADDICES  NEW ATLANTIC AVE BIS  DEL RAY BEACH, TO 33445					
ndicated ( imited list attachmer	preby certify that the Information supplied with this fill on this annual report is true and accurate and that is billity company or the receiver or trustee empowere at with an address.	my signature shall have the	same legal effect a	s if made under oath; that I am	a managing member or manager of the	