

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M37235 (2)**

1. Corporation Name
MONICOR ELECTRONIC, CORPORATION



Principal Place of Business: **2964 NW 60TH ST FT LAUDERDALE FL 33309**
Mailing Address: **2964 NW 60TH ST FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **08/22/1986** 3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2709763** Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**SPITTLER JR, JOHN J
4665 PONCE DE LEON BLVD.
CORAL GABLES FL 33143**

10. Name and Address of New Registered Agent

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 607.0502 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: Signature typed or printed in name of registered agent and title, if applicable. (NONE: Registered Agent signature required when registering.) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THORN, DALE	
STREET ADDRESS	5797 SW 31ST ST.	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	VICTOR, ALAN M.	
STREET ADDRESS	8758 SW 51 PLACE	
CITY- ST- ZIP	COOPER CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, MONROE A., SR.	
STREET ADDRESS	1000 CAMP BRANCH ROAD	
CITY- ST- ZIP	WAYNESVILLE NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURNS, DIANE	
STREET ADDRESS	1727 N. VICTORIA PARK	
CITY- ST- ZIP	FT. LAUDERDALE FL 33305	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALAN, VICTOR	
STREET ADDRESS	8758 SW 51ST PLACE	
CITY- ST- ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miller, Monroe A., Jr.	
1.3 STREET ADDRESS	4884 Rabbit Hollow Dr.	
1.4 CITY- ST- ZIP	Boca Raton, FL 33487	<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miller, Monroe A. Sr.	
3.3 STREET ADDRESS	1000 Camp Branch Road	
3.4 CITY- ST- ZIP	Waynesville, NC 28786	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Monroe A. Miller* 4-3-96 954 979-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #

CR2E034 (12/95)