## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Sulte, Apt. #, etc.

WILLIAMS, JOHN S

ATLANTIS FL 33462

512 S. COUNTRY CLUB DRIVE

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # N41680

(2)

ELECTRONIC DESIGN ASSOCIATION, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business

8900 S.W. 18TH ROAD

BOCA RATON FL 33433

512 S. COUNTRY CLUB DR.
ATLANTIS FL 33462-1240

3. Date Incorporated or Or Or 1/14/1991

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Suite, Apt. #, etc.

City & State

Zip

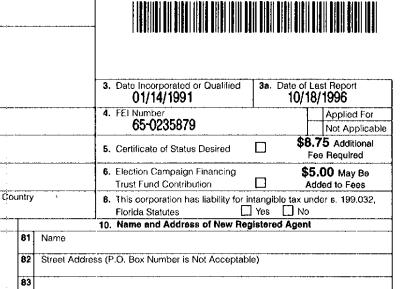
26

27

28

29

## FILED May 20 1997 8:00am Secretary of State



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

City

30

SIGNATURE _	Signature, typed or printed name of registered agent and title if applica-	able. (NOTE: I	Rogislered Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	OP .	DELETE	1.1 TITLE		Change	Addition
NAME	GARTEL, LAURENCE		1,2 NAME			
STREET ADDRESS	12650 BLACK OLIVE DR.		1,3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1,4 CITY - ST - ZIP			
TITLE	DV	DELETE	2.1 TITLE		☐ Change	Addition
NAME	HALL, BOB E		2.2 NAME			
STREET ADDRESS	4047 OKEECHOBEE BLVD		2,3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		2, 4 CITY+ST-ZIP			
TITLE	DT	DELETE	3.1 TITLE		☐ Change	Addition Addition
NAME	WILLIAMS, JOHN S		3,2 NAME			
STREET ADDRESS	512 S. COUNTRY CLUB DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL		3,4. CITY-ST-2IP			
TITLE	DS	☐ DELETE	4.1 TITLE	i	☐ Change	Additio
NAME	HALL, SUSAN		4. 2 NAME			
STREET ADDRESS	7500 NW 1 CT #110		4,3 STREET ADDRESS	·		
CITY-ST-ZIP	PLANTATION FL		4,4 CITY-ST-ZIP	<u> </u>		
TITLE		DELETE	5.1 TITLE	·	Change	Addition
NAME			5,2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5,4 CITY-ST-ZIP			
TITLE		☐ DELET <b>E</b>	6.1 TITLE	1	Change	Additio
NAME			6,2 NAME	•		
STREET ADDRESS			6,3 STREET ADDRESS			
CITY OF TID			0.4 0.13 / 0.1 3/0			

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes.

:R2E037 (9/96)

Zip Code