

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

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Jul 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham / Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P16829** (4)
1. Corporation Name
TRILECTRON INDUSTRIES, INC.



Principal Place of Business 12297 U.S. 41 NORTH PALMETTO FL 34220-2109 US	Mailing Address PO BOX 2109 PALMETTO FL 34220-2109 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/16/1987	3a. Date of Last Report 03/26/1996
				4. FEI Number 22-1911151	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARTER, MIKE MIKE CARTER CONSTRUCTION 4301 32ND ST., W., SUITE C4 BRADENTON FL 33505				10. Name and Address of New Registered Agent 81 Name VICTOR H. MENDELSON 82 Street Address (P.O. Box Number is Not Acceptable) 3000 TAFT STREET 83 84 City HOLLYWOOD FL 85 Zip Code 33001	
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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]* **VICTOR H. MENDELSON**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CTD	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BORAX, SIGMUND		1.2 NAME	BORAX, SIGMUND			
STREET ADDRESS	4212 MARINA CT.		1.3 STREET ADDRESS	4212 MARINA CT.			
CITY-ST-ZIP	CORTEZ FL		1.4 CITY-ST-ZIP	CORTEZ, FL			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SOYKA, ELISSA		2.2 NAME	MENDELSON, VICTOR H.			
STREET ADDRESS	4212 MARINA CT.		2.3 STREET ADDRESS	3000 TAFT STREET			
CITY-ST-ZIP	CORTEZ FL		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33001			
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KOTT, CHARLES L.		3.2 NAME	IRWIN, THOMAS S.			
STREET ADDRESS	732 LIVE OAK TERRACE N.E.		3.3 STREET ADDRESS	3000 TAFT STREET			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33001			
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CRANMER, J.TED		4.2 NAME	VETTER, JUDITH			
STREET ADDRESS	11314 LEPRECHANN DR		4.3 STREET ADDRESS	3000 TAFT STREET			
CITY-ST-ZIP	RIVERVIEW FL		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33001			
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	EDWARD, SANDRA A.		5.2 NAME	MENDELSON, LAURANS A.			
STREET ADDRESS	920 GOLF ISLAND DR		5.3 STREET ADDRESS	3000 TAFT STREET			
CITY-ST-ZIP	APOLLO BEACH FL		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33001			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 *[Signature]* **941-723-1841**

CR2E034 (9/96)