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Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23302** (3)

1. Corporation Name

RICHMAR ELECTRONICS CORPORATION



Principal Place of Business

Mailing Address

**SUITE 1401
5401 KIRKMAN ROAD
ORLANDO FL 32819**

**SUITE 1401
5401 KIRKMAN ROAD
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1989

2. Principal Place of Business

2a. Mailing Address

21 9501 PRINCESS PALM AVENUE

26 1501 OGDEN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 105

27

City & State

City & State

23 TAMPA, FL

28 Downers Grove, IL

Zip

Country

Zip

Country

24 33619

25 USA

29 60515

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMEGO, MARTIN
5401 KIRKMAN RD
SUITE 1401
ORLANDO FL 32819**

81 Name MARTIN SMEGO

82 Street Address (P.O. Box Number is Not Acceptable)

9501 PRINCESS PALM AVENUE

83 SUITE 105

84 City TAMPA

FL

85 Zip Code 33619

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

MARTIN SMEGO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SMEGO, RICHARD G.**
STREET ADDRESS **309 OTTAWA LANE**
CITY-ST-ZIP **OAKBROOK IL**

TITLE **VD** ☐ DELETE

NAME **CIOMBOR, RICHARD G.**
STREET ADDRESS **410 CRANESVILLE**
CITY-ST-ZIP **WEST CHICAGO IL**

TITLE **STD** ☐ DELETE

NAME **SMEGO, MARGARET**
STREET ADDRESS **309 OTTAWA LANE**
CITY-ST-ZIP **OAKBROOK IL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

Richard G. Ciombor

2/20/98

CR2E034 (10/97)