FILE NOW: FILING FEE AFTER MAY 1 IS CORPORATION FLORIDA DEPARTMEN						7						
ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sendre B. Morthern										
	996	Secretary of State DIVISION OF CORPORATIONS										
	RAT	IONS	_									
DOCUME 1. Corporation		6)										
LYNN ELE	CTRONICS CORP, e of Business	Mailing Address			*							
015 DPNNGVI IZANTA DI ID							DO NOT WRITE IN THIS SPACE					
915 PENNSYLVANIA BLVD. 915 PENNSYLVANI FEASTERVILLE, PA 19053 FEASTERVILLE						1	e Incorporated or	Qualified	3a.	Date of L	ast Report	
2. Principal Pi	ace of Business		FEASTERVILLE, PA 19053 2a. Mailing Address			06/0	3/91 Number		05/	<u>01/95</u>	5	
21		26				i	636460				Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1			·—		Not Applicable	
City & State		27				5. Certificate of Status Desired			ſ	\$8.75 Additional		
23	e	City & State			-	6. Elec	tion Campaign Fin	encing	·		\$5.00 May Be	
Zip	Country	28 Zip		untr			t Fund Contributio				Added to Fess	
24	25	29	30	uni	y		corporation has li	ability f		le tax u	nder S. 199.032,	
9. Na	me and Address of Curren		[30]	Γ-			da Statutes me and Address	of Nove	Yes	No.		
•	···			81	Name	10. 144	410 AUG MUU1838	DI MOW	negister	ea Agen	<u> </u>	
•												
. 82					Street Addr	ess (P.O.	Box Number is N	ot Acce	ptable)			
ROSEN, LOUIS					4100 NO	DRTH I	POWERLINE F	OAD				
4100 NORTH POWERLINE ROAD					SUITE 2	ζ_Δ						
SUITE M-1											- 1-, 	
POMPANO BEACH, FL 33067					POMPANO	O BEACH FL 33067						
l. Pursuant to th. • or registered	ne provisions of Sections 607.0502 agent, or both, in the State of Florid	and 607.1508, Florida	Statutes, t	he at				t for the	purpose of			
familian with, a SIGNATURE:	agent, or both, in the State of Floric and accept the obligations of, Sec	tien 607.0505, Florida S	tatutes.	ille c	orporations ag	ora oragired	ctors. Thereby accept	the appoi	ntment as	registered	agent. Fam	
	gnature, typed or printed name	of registered agent and	title if appli	able	INOTE	Registere	d Agent signature re					
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS			T 13.		· · · · · · · · · · · · · · · · · · ·				DATE	
TITLE IAME	P			-	11 TITLE	AUI	DITIONS/CHANGES	10 0	FFICERS		ECTORS IN 12	
TREET ADDRESS	ROSEN, MICHAEL	.=			12 NAME 13 STREET	ANNRESS				X Char	nge Addition	
ITY -ST - ZIP	5242 NESHAMINY E	LVD, BENSALE	M, PA		14 CITY - ST		707 ALTON	COUR	T, AM	BLER.	PA	
IAME	ROSEN, LOUIS				21 TITLE 22 NAME					Char		
TY -ST -ZIP 2355 DRAYTON DRIVE, BOCA RATON, FI					23 STREET							
ITLE AME	S		<u> </u>		24 CITY -ST 31 TITLE	· ZIP	 					
TREET ADDRESS	YAMPOLSKY, LINDA				32 NAME 33 STREET	A DDDCCC	1		I	Chan	ge Addition	
ITY -ST - ZIP	840 BRISTOL ROAD	, SOUTHAMPTO	N, PA		34 CITY -ST							
AME					41 TITLE 42 NAME					Chan	ge Addition	
TREET ADDRESS					43 STREET A							
ITLE AME	***	*			44 CITY ST 51 TITLE	· ZIP		<u> </u>				
TREET ADDRESS					52 NAME	DDDECC	7000 -05/14/	U# II 8 96~-/			Addition	
TY - ST - ZIP TLE	·				53 STREET A 54 CITY - ST		***200.	ĎÕ	\1010 <u>_</u>	លវេ		
AME					B1 TITLE 62 NAME					Chang	ie Katalok	
TREET ADDRESS					63 STREET A					_/_	1	
4. I do hereby cert	ily that the information supplied information indicated on this annu	with this filing is volunter	ily furnishe	d en	64 CITY ST d does not quai		exemption stated in	Section	וון האופונים	Electrical	<u> </u>	
oath, that lam a	on officer or director of the corner	ation or the receiver or a		epori ower	is true and acc	urate and	that my signature st	nelt have	the same le	igal ellect	as if pade under	
eppears in Block	12 or Block 13 if changed, or o	n an alfachment with an	eddress.				as required by Chapt	er 607, 1	riorida Stal	tutes, and	tha My name	
SIGNATU		YPED OR PRINTED NAI	MI	CH.	AEL ROSE	N	3/10/	181 ((215)	677-6	700	
		THE OWNER PRINTED WAT	SEE OF CIC	u ini C	DEFINED OF	DIGCOTAL		Date		u	4 L414	