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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

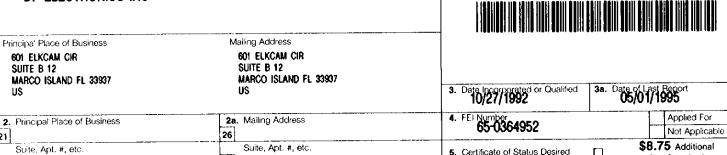
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P9200000032 (2)

DP ELECTRONICS INC.



[60			5. Certificate of Status Desired		F	ee Required					
City & State		City & State	 			6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees					
Zιρ 24	Country 25	Zip 29	30	untry			es 🗌 No				
g Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
CHARDE JOHN J. CPH. 601 ELKCAM CIR SUITE A-1-A					Street Addres	eet Address (P.O. Box Number is Not Acceptable)					
					83						
MARC	D ISLAND FL 33937			84	City		E	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.

	gnature, typed or printed name of registered agent and title if appli		E. Registered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12
TITLE		☐ DELETE	1, 1 TITLE	
NAME	WEIDNER, DETLEF		1.2 NAME	
STHEET ADDRESS	601 ELKCAM CIRCLE PLAZA B-12 MARCO ISLAND FL		1.3 STREET ADDRESS	
CITY-ST-ZIP			14 CITY-ST-ZIP	
THLE		DELETE	2 1 TITLË	Change Addition
NAME			2 2 NAME	
STREEL ADDRESS			2 3 STREET ADDRESS	
CITY-S1-ZIP			2 4 City - St - ZiP	
TIFLE		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME:			3.2 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CIFY-ST-ZIP			3.4 CiTY+S1+ZiP	
DILE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CI1Y - \$1 - ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY+\$1-7IP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-S1-ZIP			6.4 CITY - ST - ZIP	or the exemption stated in Section 119.07/3/kk. Florida Statutes. I further

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 certify 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 13.11 franged or on an attactiment with an address.

SIGNATURE:

4-30-96

Daytime Phone #

CR2E034 (12/95)