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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001895 (1)

SPECIALIZED ELECTRONICS CONTRACTING, INC.

Principal Place of Business Mailing Address 7611 S. ORANGE BLOSSOM TR. 7611 S. ORANGE BLOSSOM TR. SUITE 233 **SUITE 233** ORLANDO FL 32809 ORLANDO FL 32909-6903 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1992 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. 8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALLER, CHRISTOPHER S 7611 S. ORANGE BLOSSOM TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 233 83 ORLANDO FL 32809 84 City Zip Code 85 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. Signifiare, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) Change DELETE 1.1 TITLE TITLE WALLER, CHRISTOPHER S 1.2 NAME NAME **7533 PINEMOUNT DR** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 1.4 CITY - ST - ZIP CITY-ST-20 Addition DELETE Change 2.1 TITLE THE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-SI-7# DELETE Change Addition 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY ST-ZIF ___ DELETE Change Addition 4.1 TITLE THEE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - 7(P DELETE ande 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CUTY - ST - ZIF DELETE 6.1 TITLE 1016 80000215307්ජි -04/24/97--01006--049 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS ***173.75

6.4 CITY-\$1-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.