PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012179

1. Corporation Name

OMNI CIRCUIT SUPPLY, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90186 043 ***150.00



Principal Place of Business Mailing Address									
D1 17E-1111 17CCC C-111E		HEARTWOOD LANE BOURNE FL 32934				DO NOT WRITE IN THIS	SPACE	<u> </u>	
					3.	Date Incorporated or Qualifed 12/14/1992			
2. Principal Place of Business	2a.	Mailing Address			4.	FEI Number		Applied For	
1	26					59-3162044		Not Applicable	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		_	5.	Certificate of Status Desired		75 Additional ee Required	
City & State		City & State	-		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip Country 4 25	29	Zip Cou	ntry	,	8.	This corporation owes the current year In Personal Property Tax.	tangible Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
BELL, FRANK J			81						
3401 HEARTWOOD LANE MELBOURNE FL 32934			82	2 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	\ '		FL	-	Zip Code	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation 	of Florida	a. Such change was authorized	Ιbν	the corporation	atior 's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	changii intment	ng its registered as registered	
SIGNATURE					.	pustating) DATE			
Signature, typed or printed name of registered agent	and title if	applicable. (NOTE: Registered	Agen	nt signature required w	ALIĞD L	garjataning) Date			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D	DELETE	1.1 TITLE	☐ Change	Addition
NAME	BELL, FRANK J		1.2 NAME		
STREET ADDRESS	3401 HEARTWOOD LANE		1.3 STREET ADORESS		
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY-ST-ZIP		
TITLE	D] DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME.	BELL, MARIA L		2.2 NAME		
STREET ADDRESS	3401 HEARTWOOD LANE		2.3 STREET ADORESS	·	
CITY-ST-ZIP	MELBOURNE FL 32934		2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		ĺ	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TIΠLE		DELETE	4.1 TITLE	Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	n Section 119 07(3)(i) Florida Statutes I further certify that the in	

Thereby certify that the miormation supplied with this hing does not qualify for the exemption stated in Section 139.07(3)(f), Florida Statutes. I further certify that the informationated 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 ear attachment with an address, with all other like empowered.

SIGNATURE: