FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P93000 ELECTRONICS, INC.	0008105 (7)			
Principal Plac	e of Business	Mailing Address			MANNA NOOMA TIGIN MANNA GINI 1891
9470 SACRAMENTO DRIVE 9470 SACRAMENTO		9470 SACRAMENTO DR NEW PORT RICHEY FL			
1			• 1000	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
		······································		02/02/1993	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.		59-3171278	Not Applicable
22	#, BIC.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	_,
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	ed Agent
KL	AUSCH, ROBERT L		81 Name		
	9470 SACRAMENTO DRIVE			ress (P.O. Box Number is Not Acceptable)	
NEW PORT RICHEY FL 34855			82 Street Add		
			83		
			84 City		85 Zip Code
			Osty	F	L S Zip Code
office or ragent. I a	egistered agent, or both, in the State of mamiliar with, and accept the obligation of the state	of Florida. Such change was ions of, Section 607.0505, F	authorized by the corpora loride Statutes. It Registered Apent signalure responses	poration submits this statement for the purpose tition's board of directors. I hereby accept the a	ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	☐ DELETE	1.1 TATLE		Change Addition
NAME	KLAUSCH, BARBARA C		1.2 NAME		
STREET ADDRESS	9470 SACRAMENTO DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	T No. FTE	1.4 CITY-ST-ZIP		
TITLE	DV	L] DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLAUSCH, ROBERT L		2.2 NAME		
STREET ADDRESS	9470 SACRAMENTO DRIVE NEW PORT RICHEY FL		2.3 STREET ADDRESS	الخبير المراد	
CITY-ST-ZIP TITLE	HEW FORT MORET FL	DELETE	2 4 City-St-ZIP 3.1 Title		Change Addition
NAME			3.2 NAME		T CHENTO T MUNICIPAL
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		<u> </u>	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		İ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
)		I		

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 eddress.

FILED

Feb 20 1998 8:00am

Secretary of State