

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

APPROVED
AND
FILED

1997 JUN 20 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT. CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **PA 3000028310**

1. Corporation Name

**International Electronic Technology
of Florida, Inc.**

Principal Place of Business

Mailing Address

**5801 Benjamin Center Drive #106
Tampa, FL 33634**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 above		26		4. FEI Number 59-3178533		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**Catherine Noori
5801 Benjamin Center Dr. #106
Tampa, FL 33634**

81 Name	same
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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.

SIGNATURE **Catherine Noori** DATE **6/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine Noori	1.2 NAME	
STREET ADDRESS	4302 Gunn Hwy #304	1.3 STREET ADDRESS	400002220714--2
CITY-ST-ZIP	Tampa, FL 33634	1.4 CITY-ST-ZIP	-06/24/97--01004--005
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine Noori	2.2 NAME	
STREET ADDRESS	4302 Gunn Hwy #304	2.3 STREET ADDRESS	****558.75 ****558.75
CITY-ST-ZIP	Tampa, FL 33634	2.4 CITY-ST-ZIP	
TITLE	Treasurer/Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine Noori	3.2 NAME	
STREET ADDRESS	4302 Gunn Hwy #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33634	3.4 CITY-ST-ZIP	
TITLE	Frank (Farzad) B. Noori	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NON-OFFICIER	4.2 NAME	
STREET ADDRESS	POSITION	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Leo Chang	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NON-OFFICIER	5.2 NAME	
STREET ADDRESS	POSITION	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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

SIGNATURE: **Catherine Noori** DATE **6/18/97** 813-888-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)