

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Martham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000033888 (7)
 1. Corporation Name

COVERT ELECTRONICS, INC.



Principal Place of Business		Mailing Address	
3399 PONCE DE LEON BLVD. SUITE #204 CORAL GABLES FL 33134 US		3399 PONCE DE LEON BLVD. SUITE #204 CORAL GABLES FL 33134 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc	
22 City & State		27 City & State	
23 Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualif ed	3a. Date of Last Report
05/06/1993	07/31/1995
4. FEE Number	Applied For 65-0408316 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIEBEZMAN, KENNETH
 417 GERONA AVE.
 CORAL GABLES FL 33146**

81 Name	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type, or printed name of registered agent and title if applicable

(Note: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
1	LIEBERMAN, KENNETH 417 GERONA AVE. CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
2		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
3		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
4		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
5		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
6		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
7		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
8		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
9		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
10		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
11		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
12		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
13		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
14		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth P. Lieberman*
 SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)