FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000079772	(8)
1. Corporation Name		` '

NATIONWIDE ELECTRONICS, INC.

Principal Place of Business Mailing Address			1 10010501 110 10100 11777 15777	#111 # #111 # #111 19 19 1	18911 1991			
SUITE #3		4400 HILLSBORD E SUITE #3 COCONUT CREEK						
COCONU	T CREEK FL 33073	COCONUI CHEEK	ri, 330/3		3. Date Incorporated or Qualified 11/18/1993	3a. Date of La 05/0	nst Report)1/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied	
21		26			65-0449398			plicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	3.75 Addit Fee Require	
City & Stat	te	Oity & State			Election Campaign Financing Trust Fund Contribution	1 1 7	5.00 May Added to Fe	
Zip	Country	Zφ	Court	try	8. This corporation has liability for		ders 199.0	32.
24	25	29	30		- Ionaci Cititato	No No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Ager	ıt 	
				B1 Name				
SCHI	NEIDERMAN, AUDREY B		ŀ	32 Street /	Address (P.O. Box Number is Not Acceptal	ble)		
2101	CORPORATE BLVD NW		Ĺ					
	E 204		ľ	B3 [
BOC	A RATON FL 33431		}	B4 City		—, 85	Zip Code	9
					orporation submits this statement for the pu	FL °	<u> </u>	
familiar w SIGNATURE	with, and accept the obligations of, Section is the state of the state	on 607.0505, Florida Statute	es. Neti Rojanaka		board of directors. Thereby accept the appropriate avoiding. ADDITIONS/CHANGES TO OF	DATE		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	Cr		Addit on
THILE	D D D D D D D D D D D D D D D D D D D	_						riagit 5
NAME	SCHNEIDERMAN, LEWIS M		1 2 NA	-				
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STREET ADDRESS	BOCA RATON FL 33431			Y-\$1-ZIP				
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CITY-ST-7iP			4 4 01	IY-SI-ZiP				
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6 4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnishen 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 specific or supplemental angulal report is true and contrale and that my signature shall have the same legal effect as if made under certify that it am an officer or director of the company in or the receiver or to also enjoyeered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or an an attachment with an address. CHY-ST-ZIP

5.2 NAME

6 1 TITLE

6.2 NAMÉ

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY - ST - ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELFTE

☐ Change ☐ Addition