

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087002 (0)

1. Corporation Name

ELECTRONIC TRENDS, INC.



Principal Place of Business

Mailing Address

1621 SUMMERDALE DRIVE
CLEARWATER FL 34624
US

P. O. BOX 956
LARGO FL 34649
US

3. Date Incorporated or Qualified

12/21/1993

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21. 13974 JAMICA DR
Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. SEMINOLE FL
Zip Country

28. Zip Country

24. 34646 25.

29.

30.

4. FEI Number

59-3201957

Applied For

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS, GARY W. ESQUIR
311 S. MISSOURI AVE
CLEARWATER FL 34616

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. 1. TITLE

☒ Change ☐ Addition

NAME
PHILLIPS, MICHAEL E
STREET ADDRESS
1621 SUMMERDALE DRIVE
CITY-ST-ZIP
CLEARWATER FL

12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

13974 JAMICA DRIVE
SEMINOLE FL 34646

TITLE ☐ DELETE

2. 1. TITLE

☒ Change ☐ Addition

NAME
PHILLIPS, LISA
STREET ADDRESS
1621 SUMMERDALE DRIVE
CITY-ST-ZIP
CLEARWATER FL

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

13974 JAMICA DRIVE
SEMINOLE FL 34646

TITLE ☐ DELETE

3. 1. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE ☐ DELETE

4. 1. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE ☐ DELETE

5. 1. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE ☐ DELETE

6. 1. TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

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 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: LISA PHILLIPS [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 8003826776

Date Daytime Phone #

CR2E034 (12/95)