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

DOCUMENT # P93000087002 (0)

FILED Jan 23 1998 8:00am Secretary of State

FLECTI	RONIC TRENDS, INC.				
Principal Place	e of Business	Mailing Address		1 190 (190) 110 (8189 1111) 4 5111 60 111 40 (11 79) 92 10	
13974 JAMICA SEMINOLE FL US		P. O. BOX 956 LARGO FL 34649 US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				12/21/1993	
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 710	IST AUF SW	26		59-3201957	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 LAR	50 th	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 337	19 25 ANN	29	30	Personal Property Tax due June 30.	Yes No
	 Name and Address of Currer 	nt Registered Agent		10. Name and Address of New Registered	i Agent
LYONS, GARY W. ESQUIR					
A44 0 14000 (10) 415				ess (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616			30000 7000	ess (1.0. box Northbor is Not Acceptable)	
90.			83		
			84 City	Fi	85 Zip Code
44 Durement	to the provisions of Sections 607 050	12 and 607 1508. Florida Statuter	the shove-named corn		
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. Fai	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes		
SIGNATURE			 	D. Z.	
	Signature, typed or printed name of registered age	ID DIRECTORS	Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10
12.	PT	DELETE	1.1 TITLE 3	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PHILLIPS, MICHAEL E	- Meetic		11 202 - 21261 6	74011011
'''	13974 JAMICA DRIVE		1.2 HAML	hillips Michaele 126 barros Rue	
STREET ADDRESS			1.3 STREET ADDRESS	136 011005 405	ع سرححب
CITY-ST-ZIP	<u>SEMINOLE FL</u>	DELETE	1.4 CITY-ST-ZIP	GARWATER FL 3	Change Addition
TITLE	\$ BUILTING 1104	veece		- Mix liss	A cuante - Nontroll
NAME	PHILLIPS, LISA		2.2 NAME	MINDS LIER RUE	
STREET ADDRESS	13974 JAMICA DRIVE		2.3 STREET ADDRESS	ale Chicachia	سيهس
CITY-ST-ZIP	SEMINOLE FL	PELETE		EARWATER FL 53) (30)
TITLE		☐ DELETE	3.1 TITLE		L. Change L. Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T 22.22	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELE TÉ	5 1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	Page	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
0(11-31-ZIF		with this filing does not suplify for		Coation 110 07/2)/i) Florida Statuton Eurthor o	

14. Thereby 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 chapted, or on an attachment with an address.

MATURE YNA BL. Cherry 1100 Pallins 1/12/98 4125 180