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

Mailing Address

P. O. BOX 956 LARGO FL 34649

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000087002

Principal Place of Business

710 1ST AVE SW

ELECTRONIC TRENDS, INC.

LARGO FL 337	33779 US			DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed			
					12/21/1993	•		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21	<u> </u>	26			59-3201957		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	,	8.75	Additional
22		27			5. Certifcate of Status Desired	•	Fee Re	equired
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the current y	ear Intangi	ible	
24	25	2930	0_		Personal Property Tax.	×	Yes	□No
	9. Name and Address of Curre	int Registered Agent			10. Name and Address of New Regis	tered Age	nt	
LVO	NO OLDY W COOLID		81	Name				
LYONS, GARY W. ESQUIR 311 S. MISSOURI AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
				Silber Address (F.O. Box Adminer is Not Acceptable)				
CLE	ARWATER FL 34616		83					
			-		<u>.</u>		-1 -	
			84	City		FL 8	S Zip	Code
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Floridations	a Statutes	tne corporat	tion's board of directors. I hereby accept the	appointme	ent as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOTE Pr	acistored Acer	t cionatura recuir	red when reinstating) Do	ATE.		
12.		ND DIRECTORS	13.	(signature requir	ADDITIONS/CHANGES TO OFFICE		IRECTO	IRS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		ADDITIONOIGNANCES TO OTTICE		Change	Addition
NAME	PHILLIPS, MICHAEL E		1.2 NAME				5	-
STREET ADDRESS	1926 CARLOS AVE		1.3 STREET	ADDDESS				
CITY-ST-ZIP	CLEARWATER FL 33755		1.4 CITY-S					
TITLE	S	▼ DELETE	2.1 TITLE	-217			Change	☐ Addition
NAME	PHILLIPS, LISA	A	2.2 NAME				O. A. A.	
	1926 CARLOS AVE		1	1				
STREET ADDRESS	CLEARWATER FL 33755		2.3 STREET					
CITY-ST-ZIP	CLEARWATER FL 33/33	☐ DELETE	2.4 CITY-S	T-ZIP			Change	Addition
TITLE		C) Nereste	3.1 TITLE				orlange	
NAME !			3.2 NAME				,	
STREET ADDRESS		ı	33 STREET					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	T-ZIP			Change	Addition
TITLE		☐ DEFE!E	4.1 TITLE			Ц	unange	
NAME			4. 2 NAMÉ					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		Florica	4.4 CITY-ST	-ZIP			Oharis	- 1 A - 192
TITLE		☐ DELETE	5.1 TITLE	Ì	•	Ш	Change	Addition
NAME		Ì	5.2 NAME					*
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE	1		П	Change	ſ ☐ Addition

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90153 001 ***158.75



14. I 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 with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS