

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 # P94000035233 (3)

1. Corporation Name

ADVANCED BUSINESS ELECTRONICS, INC.



Principal Place of Business

6233 ALDERWOOD AVE
COCOA FL 32927

Mailing Address

6233 ALDERWOOD AVE
COCOA FL 32927

3245 N. Courtenay Pkwy.

2. Principal Place of Business

2a. Mailing Address

21 ~~240-9 Spring Drive~~

26 240-9 Spring Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 259

27

City & State

City & State

23 Merritt Island, FL

28 Merritt Island, FL

Zip

Zip

Country

Country

24 32953

25 USA

29 32953

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3245334

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

10. Name and Address of New Registered Agent

81 Name

M. Allen Wadsworth

82 Street Address (P.O. Box Number is Not Acceptable)

240-9 Spring Drive

83

84 City

Merritt Island

FL

85 Zip Code

32953

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

M. Allen Wadsworth

(NOTE: Registered Agent signature required when not stating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAIT, RONALD E	
STREET ADDRESS	6233 ALDERWOOD AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WADSWORTH, M. ALLEN	
STREET ADDRESS	240-9 SPRING DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, DENNIS	
STREET ADDRESS	6851 SWEET BAY COURT	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, RICHARD L	
STREET ADDRESS	6850 CAIRO ROAD	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Mike Cullen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2539 Brett Ct.	
1.3 STREET ADDRESS	Melbourne, FL 32935	
1.4 CITY-ST-ZIP		
2.1 TITLE	Donna J. Strait	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6233 Alderwood Ave.	
2.3 STREET ADDRESS	Cocoa, FL 32927	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/30/96

407-452-8312

CR2E034 (12/95)