

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy H. Ayer, an
Secretary of State
Tallahassee, Florida

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2: 03

DOCUMENT # **P94000036222 (5)**

1. Corporation Name:

ELI ELECTRONICS, INC.

21. Principal Office Location:	26. Mailing Address:
219 N MIAMI AVE MIAMI FL 33128	219 N MIAMI AVE MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date of Report Filing:	3a. Date of Report Period:
05/13/1994	
4. File Number:	Applied For:
65-0494202	Not Applicable
5. Certificate of Status Desired:	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for statements for under 15, 1967, 1977 Florida Statutes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

22. Office Location:	27. Mailing Address:
22	27
24. City & State:	29. City & State:
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
METSCH, LAWRENCE R 219 N MIAMI AVE MIAMI FL 33128		B1. Name:		
		B2. Street Address (P.O. Box Number is Not Acceptable):		
		B3. City:		
		B4. State:	FL	B5. Zip Code:

11. Pursuant to the provisions of Sections 607.08(5), 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 607.08(5), Florida Statutes.

SIGNATURE: _____ (Print Name) _____ (Print Name) _____ (Print Name)

12. OFFICERS AND DIRECTORS		13. ALTERNATE CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the filer of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a report or an alternate report as indicated.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95