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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000045673 (8)

1. Corporation Name

GENT	RY ELECTRONICS, INC.							
Principal Place of Business Mailing Address						.esst 68511 88111 81	JEGI BİLIB BI	1)1 6 0000 ()(1 100)
			M2 DELLCREST PLACE IKE MARY FL 32746					
					3. Date Incorporated or Qualified 06/20/1994	3a. Date 0	of Last Re)8/09/1 9	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3246373			Not Applicable
Suite, Apt #	. etc.	Suite Apt. #, etc			5. Certificate of Status Desired	atus Desired		
22		27	 		A 51			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			D May Be d to Fees
7 _{(p}	Country	Z _[ξ]	Coun	try	8. This corporation has liability for	r intanoible tax		
24	25	29	30	,		s 🗷 No	0.10.0.	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered A	gent	
		, , , , , , , , , , , , , , , , , ,		Name				
ANDERSON, DALE				2 Street	Address (P.O. Box Number is Not Acceptable)			
3042 DELLCREST DRIVE						· · ·		
LAKE N	MARY FL 32746		[8	13				
			-	34 City			85 Zr	Code
					orporation submits this statement for the pi	FL		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OF	·		
TITLE	BATES, FRANK		1 1 111		DS Samue	L] Change	Addition
NAME			1 2 NAME		BATES, BONNIE 303 LEEWARD WAIK LANE			
STREET ADDRESS		MAC		EET ADDRESS	303 112 00 110			
CITY-ST-ZIP	ALPHARETTA GA DPT	- Dutte		(-ST-ZIP	Alphanetta, GA.		7 Change	Addit on
TITLE	ANDERSON, DALE	☐ DELETE	2 1 111		CANA ANDERSON	L.	j Glange	Addit on
NAME	3042 DELLCREST PLAC	-	2.2 NAM		GAYLE ANDERSON JOHZ DELICATES PL			
STREET ADDRESS	LAKE MARY FL	5	•	EET ADORESS	LAKE MARY, FL.			
CITY+ST+Z+P TITLE	CHAR MANUEL	DELETE	3 1 717	r-St-ZiP re			7 Change	Addition
NAME			3 2 NAM				···a-	
STREET ADDRESS				REFT ADDRESS		2		
CHTY - ST - ZIP				r-ST ZiP				
TITLE		DELETE	4 1 11			Ε	Change	☐ Addition
NAME		_	4.2 NAM	#E		_		
STREET ADDRESS			43SIH	ELT ADDRESS				
CITY - ST - ZIF				y - S⊺ - Zi₽				
TITLE		☐ DELETE	5 1 Tri	LE] Change	Addition
NAME			5.2 NA	AE .				
STREET ADDRESS			53516	EFT ADDRESS				
CITY - ST - ZIP			5.4 CIT	Y-SI-ZIP				
TILE		☐ DELETE	6 1 1(1	LE		Ē] Change	☐ Addition
NAME			6.2 NA	V E				
STREET ADDRESS			63STF	EET ADOPESS				
CITY-SE ZIP			6 4 CIT	Y - ST - ZIP	1			

14. Ido 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1896 (401) 321-5313

CR2E034 (12/95)