

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 # P94000063031 (6)

1. Corporation Name:

INTEGRATED ELECTRONIC DESIGNS INC.



Principal Place of Business

Mailing Address

4303 VINELAND RD  
SUITE F-4  
ORLANDO FL 32811  
US

4303 VINELAND RD  
SUITE F-4  
ORLANDO FL 32811  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

4. FEI Number

59-3268035

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERTZ, MALCOLM S  
5427 MOONGLOW BLVD.  
ORLANDO FL 32839

81 Name

WERTZ, Malcolm S.

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

5254 CHISWICK CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32812

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> DELETE |
| NAME           | WERTZ, MALCOLM S    |                                 |
| STREET ADDRESS | 5427 MOONGLOW BLVD. |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32839    |                                 |
| TITLE          | S                   | <input type="checkbox"/> DELETE |
| NAME           | WERTZ, LINDA M      |                                 |
| STREET ADDRESS | 5427 MOONGLOW BLVD. |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32839    |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS | 5254 CHISWICK CIRCLE                                                         |
| 14 CITY-ST-ZIP    | ORLANDO, FL 32812                                                            |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS | 5254 CHISWICK CIRCLE                                                         |
| 24 CITY-ST-ZIP    | ORLANDO, FL 32812                                                            |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY-ST-ZIP    |                                                                              |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY-ST-ZIP    |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY-ST-ZIP    |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY-ST-ZIP    |                                                                              |

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.

SIGNATURE: [Signature]

5/1/98 (412) 841-5510

CR2E034 (10/97)