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 # P94000088712 (2)

THE ELECTRONIC SOURCE, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			1 (2 51(23) (15 (5))) 012(1 551)) 551)) 451)) 10101 10111 10001 11010 1 1 01 1 0 01
1125 WILKS AV	/ENUE	1125 WILKS AVENUE	1125 WILKS AVENUE			
ORLANDO FL 32909		ORLANDO FL 32909		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					12/06/1994	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	Applied For
21		26			59-3285137	Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	\			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip Gountry		Zip Country		Trust Fund Contribution		
Zip	<u></u> ⊢¬ '	}1	30	ili y	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
24	25 Name and Address of Curre	29 nt Registered Agent	[30]		10. Name and Address of New Registe	
OWA	ENS, JACK E			81 Name		
		}	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	I Si lver Star RD A nd o FL 32808-3935			5 Street Add	dress (P.O. Box Number is Not Acceptable)	
011D44D0 1 E 02000-0300			1	83		
			ļ	84 Cilv		85 Zip Code
				B4 City		FL S Zip Code
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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.						
SIGNATURE						
Signature, typed or printed name of requirered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS DELETE	13. 1.1 III	Œ T	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	VPD		1.2 NA			
NAME	Control of the contro			REET ADURESS		
STREET ADDRESS	And 41100 and 111					
CITY-ST-ZIP TITLE			2.1 TII	Y-ST-ZIP		Change Addition
NAME	_		2.2 NA			·
STREET ADDRESS	1125 WILKS AVENUE			REET ADDRESS	÷	
CITY-ST-ZIP	ORLANDO FL 32809			TY-ST-ZIP		
TITLE			3.1 TiT			Change Addition
NAME	OWENS, JACK E		3.2 NA	ME		
STREET ADDRESS	2731 SILVER STAR RD		3.3 \$1	ree1 address		
CITY-ST-ZIP	ORLANDO FL 32808-3935		3.4. CI	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 111	LE		☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	Y - ST - ZIP		
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5 3 ST	REET ADDRESS		
CITY-ST-ZIP			5 4 Ci	IY-ST-ZIP		
TITLE	•	DELETE	6 1 TiT	LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	Y-ST-ZIP	0-2-40 07(0)(2) 51-2-5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	or postific that the information
14. I hereby c	ertify that the information supplied i	with this filing does not qualify	y for the exe	mption stated i	n Section 119.07(3)(i), Florida Statutes. I furth	er 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 attact ment with an address.