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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000091154 (2)

## CONSOLIDATED COMPONENTS CORPORATION

Principal Place of Business 137 GIARDINO DRIVE ISLAMORADA FL 33036

Mailing Address

P.O. BOX 608 ISLAMORADA FL 33036 FILED Mar 13 1996 8:00 am Secretary of State

| <i>iii</i> <b>ey</b> ii <b>e</b> yii |  |  |
|--------------------------------------|--|--|

3/6/96 305-664-8826

3s. Date of Last Report

3. Date Incorporated or Qualified

| 1 2 2  |  |  |                                   |   | 12/12/1994  | 08/24/1995                           |
|--|--|--|-----------------------------------|---|---|--------------------------------------|
| 2. Principal Ma<br>21  |  | 2a. Mailing Address<br>26  |                                   |   | 4. FEI Number<br>65-0551826   | Applied For Not Applicable           |
| 22   | 27   |  | Suite, Apt. #, etc.               |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required       |
| City & State   | City & State City & State 28                                       |  |                                   |   | Election Campaign Financing     Trust Fund Contribution                                       | \$5.00 May Be<br>Added to Fees       |
| Ζιμ<br>[4]   | Country   Zip   Countr<br>  25   29   30                           |  |                                   |   |   |                                      |
|  | 9. Name and Address of Curren                                      | nt Registered Agent  |                                   |   | 10. Name and Address of New Reg   |                                      |
| O'MEARA, RICHARD V<br>CONSOLIDATED COMPONENTS CORP.<br>137 GIARDINO DRIVE<br>ISLAMORADA FL 33036 |  |  | 8                                 | 81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City 85 Zip Code |   |                                      |
|  |  |  |                                   | FL   65   24 5555   |   |                                      |
|  |  |  |                                   | named corp  | oration submits this statement for the purpo<br>ard of directors. I hereby accept the appoin  | se of changing its registered office |
| familiar with  | i, and accept the obligations of, Soci                             | ion 607.0505, Florida Statute                                    | S.                                | iporanon a DQ<br>   |   | 1                                    |
| SIGNATURE  |  | $\mathcal{K}_{i}$  | CHAR                              | DV.   |   | OWNER 3/6/96                         |
| 12.  | General Typica or pilitani name of registered agrad<br>OFFICERS AN |  |                                   | gent signatura requi  | red when reinstafing)   | DATE                                 |
| iiz.   | PO OFFICERS AN   | DELETE   | 13.                               |   | ADDITIONS/CHANGES TO OFFICE   |                                      |
| NAM <sub>E</sub>   | O'MEARA, RICHARD V   | E-I DETECT   | 1.2 NAM                           |   |   | ☐ Change ☐ Addition                  |
| STREET ADDRESS   | 137 GIARDINO DRIVE   |  |                                   |   |   |                                      |
| CITY ST-ZIP  | ISLAMORADA FL 33036  |  |                                   | FT ADDRESS<br>- ST - ZIP  |   |                                      |
| MULE STATE   | TO BRIGINGS IL DOVO  | DELETE   | 2 1 THI                           |   |   | Change Addition                      |
| NAM:   |  | <b></b>  | 22 NAM                            |   |   | □ Avende □ vocition                  |
| STREET ADDRESS   |  |  |                                   | ET ADDRESS  |   |                                      |
| CIY ST-Z#  |  |  |                                   | -ST-ZIP   | <i>3</i> -  | •                                    |
| THE  |  | ☐ DELETE   | 3 1 TITL                          |   |   | Change Addition                      |
| NW:  |  |  | 3 2 NAM                           | E   |   |                                      |
| SI REET ADDRESS  |  |  | 3 3 STR                           | EFT ADDRESS   |   |                                      |
| Dily-SI-Zir  |  |  | 3 4 CITY                          | - ST - ZIF  |   |                                      |
| 1tt. F   |  | ☐ DELETE   | 4. 1 TITL                         | E   |   | Change Addition                      |
| NAMI   |  |  | 4.2 NAM                           | E   |   |                                      |
| STEEL LADDRESS   |  |  | 4 3 STRE                          | FT AUDRESS  |   |                                      |
| CPY+S -Ze  |  |  | 4.4 CITY                          |   |   |                                      |
| liff.  |  | ☐ DELETE   | 5 1 TiTL                          |   |   | Change Addition                      |
| NAME   |  |  | 5.2 NAM                           |   |   |                                      |
| STREET ADDRESS   |  |  |                                   | ET ADDRESS  |   |                                      |
| CHY STEZU<br>THE   |  | DELETE   | 5.4 City                          | <del></del>   |   |                                      |
| NAME   |  | F] officit   | 6 1 TITU                          |   |   | Change Addition                      |
| STREET AUDRESS   |  |  | 6.2 NAM                           |   |   |                                      |
| CHTY-ST ZIP  |  |  |                                   | ET ADDRESS  |   |                                      |
| 14. I do hereby  | certify that the information supplied v                            | vith this filing is voluntarily furr                             | 64 CITY<br>hished and do          | on not ouglify  | for the exemption stated in Section 119.07(   | 31/k) Florida Statutos I further     |
| oath; that I   |  | a report or supplemental ann<br>ration or the receiver or truste | iua: report is t<br>iua empowered |   | ate and that my signature shall have the sai<br>alse eport as required by Chapter 607, Florid |                                      |