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PROFIT CORPORATION ANNUAL REPORT



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

#88XIBAN #10 16164 BIRKA BANKA BANKA BANKA BANKA BANKA BANKA BANKA KARA KIRKA KIRKA KIRKA

ARY BAHR 04-10-96 (904)276-7186

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

P95000000722 (5)

PROTRONICS "YOUR ELECTRONICS REPAIR CENTER", INC

Director Floor of Chapters	Mallion Add							
Principal Place of Business	Mailing Addr							
661 BLANDING BOULEVARD SUITE 507	661 BLA Suite 5	inding Boulevari 07						
ORANGE PARK FL 32073		PARK FL 32073	· ·	3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1995				
2. Principal Place of Business	2a. Mailing A	Address		4. FEI Number 59-3289	913	1		pplied For lot Applicable
Suite, Apt. #, etc.	Suite, Ap	ot # etc		ا صهر از	,,,,,,			Additional
)	27	SC #1 C.O.		5. Certificate of Status I	Desired			equired
City & State	City & St	ate		6. Election Campaign Fi	inancing		\$5.00	May Be
	28			Trust Fund Contribut	ion			to Fees
Zip Country	/ Zip		Country	8. This corporation has	4_0		ınder s	199.032,
25	29	30		Florida Statutes		□ No		····
9. Name and Addre	ss of Current Registered Age	ent	81 Name	10. Name and Address	of New Re	gistered Ag	ent	
	Bar were week.	10-0-	P Nairie	ALKENST	=14		40	e
FLAKENSTEIN ROGER	FALKENSTE	~, NOGE	82 Street A	ddress (P.O. Box Number is No	t Acceptab	5)	/ Link, Time	
661 BLANDING BOULEVAR	บ		83					.
SUITE 507 ORANGE PARK FL 32073								
ONANGE FARK FL 320/3			84 City			FL	85 Zip	Code
Pursuant to the provisions of Secti	one 607 0502 and 607 1508 FI	orida Statutes, the	above-named co	moration submits this statement	for the pure		ing its re	oistered offic
or registered agent, or both, in the	State of Florida, Such change v	was authorized by t	the corporation's I	portation soonties this statement poard of directors. I hereby acce	pt the appoi	intment as re	gistered	agent. I am
familiar with, and accept the obliga	tions of, Section 607,0505, Flor	rida Statutes.						
GNATURE								
	of registered agent and title if applicable.	(NOTE: Regis	stered Agent agnature re	guired when reinstating)		DATE		
Signature typed or printed name	of registered agent and title if applicable. PERICERS AND DIRECTORS		stered Agent agnature re 13.	quired when reinstaling) ADDITIONS/CHANGE	S TO OFFIC		IRECTO	RS IN 12
Signature typed or printed name	FFICERS AND DIRECTORS				S TO OFFIC	CERS AND D	IRECTOR	RS IN 12
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