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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000000722 (5)
1. Corporation Name
PROTRONICS "YOUR ELECTRONICS REPAIR CENTER", INC



Principal Place of Business Mailing Address
661 BLANDING BOULEVARD SUITE 507 ORANGE PARK FL 32073
661 BLANDING BOULEVARD SUITE 507 ORANGE PARK FL 32073-5041

3. Date Incorporated or Qualified 01/04/1995
3a. Date of Last Report 04/17/1996

2. Principal Place of Business
21 868 BLANDING BLVD. Suite, Apt. #, etc. 22 SUITE #102 City & State 23 ORANGE PARK, FL Zip 24 32065 Country 25 U.S.A.
2a. Mailing Address
26 868 BLANDING BLVD. Suite, Apt. #, etc. 27 SUITE #102 City & State 28 ORANGE PARK, FL Zip 29 32065 Country 30 U.S.A.

4. FEI Number 59-3289913 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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

9. Name and Address of Current Registered Agent
FALKENSTEIN, ROGER
661 BLANDING BOULEVARD
SUITE 507
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
81 Name FALKENSTEIN, ROGER
82 Street Address (P.O. Box Number is Not Acceptable) 868 BLANDING BLVD.
83 SUITE #102
84 City ORANGE PARK FL 85 Zip Code 32065

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] ROGER FALKENSTEIN D/S/T 03.11.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE D [] DELETE
1.2 NAME BAHR, GARY
1.3 STREET ADDRESS 661 BLANDING BOULEVARD, SUITE 507
1.4 CITY-ST-ZIP ORANGE PARK FL 32073
2.1 TITLE D [] DELETE
2.2 NAME FALKENSTEIN, ROGER
2.3 STREET ADDRESS 661 BLANDING BOULEVARD, SUITE 507
2.4 CITY-ST-ZIP ORANGE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D/P [X] Change [] Addition
1.2 NAME BAHR, GARY
1.3 STREET ADDRESS 868 BLANDING BLVD, SUITE #102
1.4 CITY-ST-ZIP ORANGE PARK, FL 32065
2.1 TITLE D/S/T [X] Change [] Addition
2.2 NAME FALKENSTEIN, ROGER
2.3 STREET ADDRESS 868 BLANDING BLVD., SUITE #102
2.4 CITY-ST-ZIP ORANGE PARK, FL 32065

14. I do 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] ROGER FALKENSTEIN D/S/T 03.11.97 (904) 771-6418
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)