Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90022 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000722

1. Corporation Name

PROTRONICS "YOUR ELECTRONICS REPAIR CENTER", INC

	e of Business	Mailing Adol	ress								
868 BLANDING I	BLVD.	868 BLANDIN	G BLVD.								
STE. 102		STE. 102									
ORANGE PARK	FL 32065	Orange Par	RK FL 32065						RITE IN TH	IS SPACE	
US		US				**	Date Incorporate	ed or Qualit	6d		
							1/04/1995				
2. Principal Pl	ace of Business	2a. Mailing A	Address			4. F	El Number			Ap	plied For
21		26				5	9-3289913			No	t Applicable
Suite, Apt. i	#. etc.	Suite, Ar	pt. #, etc.					4 6 !		\$8.75 <i>A</i>	Additional
22		27				5. 4	Certifcate of Sta	itus Desired	:	Fee Re	equired
City & State		City & S	tate				lection Campa	ion Financir	nn	\$5.00	May Re
<u> </u>	•	28				- 1	rust Fund Con	_	'' ⁹ 🗆	Added t	,
23	Country	Zip		Country			his corporation		nimont vons		
Zip	Country	 1		ື ່		1 -	•		surrent year	Yes	₩No
24	25	[29]	30	<u> </u>	_		Personal Prope Name and Add		w Posistors		
	9. Name and Address of Curren	t Registered Age	ent		- NI	10. 5	Name and Add	ress of Ne	w Kegistere	Agent	
				81	Name	(DAR	ky Baf	1K)
	KENSTEIN, ROGER			82	Street		D. Box Number		eptable) 1		
868 E	Blanding BLDV.				868		DUIDO	BLV		F 102	
STE.	102			83							
ORAN	NGE PARK FL 32065										
1				84	City	POLY-	5 Das	24	F	85 Zip (Code CoGS
	to the provisions of Sections 607.050	2 and 607 1600	Elorida Statutos	the above	-named	corporation	submite this sta	tement for i	the nurnose		
l office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida, Such 0	change was auth	ionzea by	the corpo	oration's boa	rd of directors.	I hereby ac	vehi ine aht	JOINTHE IT AS 16	gistered
SIGNATURE	Gam Ball GAF	RY BAHR	PRES						02.0	<u> </u>	[
	Signature, typed or printed name of registered ager		7. (NOTE: Re		t signature r	equired when rein			DATE		
12.	OFFICERS AN	ID DIRECTORS		13.	_	AL	DDITIONS/CHA	ANGES TO	OFFICERS	AND DIRECTO	☐ Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-\$T-ZIP