## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000015662

1. Corporation Name

2. Principal Place of Business

15519 US HIGHWAY 44)

RS FLECTRONICS, INC.

2550				
Principal Place of Business	Mailing Address			
150 E. CHARLOTTE AVE. EUSTIS FL 32726	150 E. CHARLOTTE AVE. EUSTIS FL 32726			
US	US			

2a. Mailing Address

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90005 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

Not Applicable

02/23/1995 4. FEI Number

59-3306092

Suite, Apt. 5	10 TE 204B	27			5. Certificate of Status Desired			
City & State	• -,	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip -	Country	Zíp	Coun	try	8. This corporation owes the current year Intangible			
32	.726 <sub>25</sub> USA	29	30		Personal Property Tax.			
24 07	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent			
			1	31 Nam	ne -			
NOTHSTINE, MARK A 150 E. CHARLOTTE AVE.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	82 Street Address (P.O. Box Number is Not Acceptable)				
			],	Street Address (F.O. Box Number is Not Acceptable)				
EUS1	NS FL		1	33				
					85 Zip Code			
			[1	B4 City	FL 85 Zip Code			
11 Durquant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es, the ab	ove-name	ed corporation submits this statement for the purpose of changing its registered			
office or n	edistered agent, or both, in the State of	f Florida. Such change was a	uthonzed	by the co	rporation's board of directors. I hereby accept the appointment as registered			
agent. I ai	m familiar with, and accept the obligation	ons or, Section 607.0305, FIG	iiua Statut	.03.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered A	gent signatur	re required when reinstating) DATE			
12.	OFFICERS AND		13.	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVS	☐ DELETE	1.1 TITL	E	☐ Change ☐ Additio			
NAME	NOTHSTINE, MARK A		1.2 NAM	1E				
STREET ADDRESS	150 E. CHARLOTTE AVE.		1.3 STR	EET ADDRES	ss			
CITY-ST-ZIP	EUSTIS FL		1.4 CITY	/-ST-ZIP				
TITLE	PT	☐ DELETE	2.1 TITL		☐ Change ☐ Additio			
NAME	NOTHSTINE, JILL I.		. 2.2 NAM	Œ				
STREET ADDRESS	150 E. CHARLOTTE AVENUE		2.3 STR	EET ADDRES	ss			
CITY-ST-ZIP	EUSTIS FL		2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	E	☐ Change ☐ Additio			
NAME			3.2 NAM	1E				
STREET ADDRESS			3.3 STR	EET ADDRES	ss			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	E	☐ Change ☐ Additio			
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRES	ss			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL	E	☐ Change ☐ Additio			
NAME			5.2 NAM	4E				
STREET ADDRESS			5.3 STR	EET ADDRES	ss			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	.E	☐ Change ☐ Addition			
NAME			6.2 NAM	AE.				
STREET ADDRESS			6.3 STR	EET ADDRES	ss			
CITY-ST-ZIP				Y-ST-ZIP				
14 I hereby c	certify that the information supplied with	this filing does not qualify fo	r the exem	ption sta	ted in Section 119.07(3)(i). Florida Statutes. I further certify that the information ignature 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.

MUNICIPATION OF SIGNING OFFICER OR DIRECTOR Date