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Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000019996 1. Corporation Name MP COMPONENTS CORP			
Principal Place of Business 150-C East Drive Melbourne FL 32904		Mailing Address 150-C East Drive Melbourne FL 32904	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Pridmore, Thomas C.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 150-B East Drive 83 84 City Melbourne FL 85 Zip Code 32904	
11. Pursuant to the provisions of Sections 607.08(2) 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 _____ DATE _____ (Signature of person making this report or officer or director of the corporation) (NOTE: If signature of Agent, signature required when reappointing)			
12. OFFICERS AND DIRECTORS 11 TITLE Pres NAME Pridmore, Thomas C. STREET ADDRESS 415 Palmetto Place CITY-ST-ZIP Indialantic FL 32903 12 TITLE ST. Sec. Treas. NAME Pridmore, Sue STREET ADDRESS 415 Palmetto Pl. CITY-ST-ZIP Indialantic, FL 32903 13 TITLE V.P. NAME Moravelli, Richard STREET ADDRESS 4451 Enterprise Ct., Ste 11 CITY-ST-ZIP Melbourne, FL 32934 14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ACCOUNTANT NAME Butler, John STREET ADDRESS 200 Oak Street CITY-ST-ZIP Melbourne Beach, FL 32951 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 of this report as an attachment with an address.		500002543305 -06/02/98--01014--025 ***150.00	
SIGNATURE: Thomas C. Pridmore		4/1/98	

CR2E034 (10/97)