

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026356 (2)

1. Corporation Name

ALL ELECTRONIC PARTS, INC.



Principal Place of Business
124 W. SR 434
60 N. EDGEWATER AVE.
WINTER SPRINGS FL 32708

Mailing Address
124 W. SR 434
60 N. EDGEWATER AVE.
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified 03/30/1995
3a. Date of Last Report

2. Principal Place of Business
21 124 W. State Rd. 434
22 Suite, Apt. #, etc.
23 Winter Springs, Fl.
24 32708
25 Sem.
26 124 W. State Rd 434
27 Suite, Apt. #, etc.
28 Winter Springs, Fl.
29 32708
30 Sem.

4. FEI Number 59 3314 349
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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLIMBERG, HOWARD J
60 N. EDGEWATER AVE 117 BROOKSHIRE CT.
WINTER SPRINGS FL 32708

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1. H-O-D HOWARD KLIMBERG 117 BROOKSHIRE CT WINTER SPRINGS FL 32708
2. F-D SUSAN D. KLIMBERG 117 BROOKSHIRE CT. WINTER SPRINGS, FL 32708
3. NAME STREET ADDRESS CITY-ST-ZIP
4. NAME STREET ADDRESS CITY-ST-ZIP
5. NAME STREET ADDRESS CITY-ST-ZIP
6. NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Howard Klimberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 407 327-8001
Date Daytime Phone #

CR2E034 (12/95)