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

PROFIT CORPORATION ANNUAL REPORT



FLÓRIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOECOCOARROS (A)

DOCUN 1. Corporation	MENT # P9500	0048625 (4	4)	
	AL ELECTRONICS, INC.			
Principal Place	of Business	Mailing Address		
7081 GRAND NATIONAL DR. SUITE 101 ORLANDO FL 32819		7081 GRAND NATIONAL DR. SUITE 101 ORLANDO FL 32819		Date Incorporated or Qualified
				06/16/1995
 Principal Pla 	ce of Business	2a. Mailing Address		4. FEI Number
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	25 9. Name and Address of Current	[29] Registered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
····			81 Na	
NIHALUDDIN, ANJUM ARA			82 Str	eet Address (P.O. Box Number is Not Acceptable)
7081 G SUITE	RAND NATIONAL DR.		83	
-	DO FL 32819		84 Ort	y
,				FL 20 000
 or registere 	o the provisions of Sections 607.0502 a ad agent, or both, in the State of Florida h, and accept the obligations of, Sectio	 Such change was authorized 	red by the corporation	d corporation submits this statement for the purpose of changing its registered office on's board of directors. Thereby accept the appointment as registered agent. I am
SIGNATURE.	Signature, typed or printed number of repetered egiclar	of this it appropriation (NC	DTE: Registered Agent sign.	ton required when renshiting? DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TOTLE	☐ Change ☐ Addition
NAME	nihaluddin, anjum ara		1.2 NAME	
STREET ADDRESS	7081 GRAND NATIONAL DR.		ACCA (13912 E.L	tss
CITY-ST-ZIP	ORLANDO FL 32819	F7 pc cre	1.4 CHY+SI+ZIP	
TITLE		☐ DELETE	2 1 TITLE	Change Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDR	ISS
CITY-ST-ZIP TITLE		DELETE	2 4 CHY+SI+ZIP	Change Addition
NAME		C corre	3 2 NAME	Change 1 Addition
STREET ADDRESS			3.3 STREET ADDR	FSS SECTION AND ADMINISTRATION ADMINISTRATION AND A
CITY-ST-ZIP	İ		3.4 CITY - ST - ZIP	
TrTLE		☐ DELETE	4 1 THE	Change Addition
NAME		_	4 2 NAME	
STREET ADDRESS			4.3 STREET ACOR	rss
CITY - ST - ZIP			4 4 CITY - ST - 21P	
TITLE		☐ DELETE	5 THILE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDR	ESS
CITY-ST-ZIP			5 4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	4000017794母科 ロ Addition -04/15/9601021023
NAME			6 2 NAME	-04/15/9601021023
\$TREET ADDRESS			6 3 STREET ADDR	***200.00
CITY - ST - ZIP			6 4 CITY - ST - ZIP	

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: ANJUM ARA NIHALUDDIN DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-352