# 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 # P95000048625 1. Corporation Name

DIGITAL ELECTRONICS, INC.

# **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90211 045 \*\*\*150.00



Principal Place of Business	Mailing Address	_		
8438 DIAMOND COVE CIR SUITE 101 ORLANDO FL 32836	8438 DIAMOND COVE CIR Suité 101 Orlando Fl 32836		DO NOT WRITE IN T	HIS SPACE
US	US	US		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 504 S. OBT	26 <u>504 S.01</u>	<u>31                                    </u>	59-3318696	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	7	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32805 [25]	Zip Ccc 29 3 2805 30	ountry	This corporation owes the current year     Personal Property Tax.	r Intangible ☐ Yes ☐ No
	ss of Current Registered Agent		10. Name and Address of New Registe	red Agent
		81 Name		
NIHALUDDIN, ANJUM ARA 8438 DIAMOND COVE CIR		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 101 ORLANDO FL 32836		83		
0110 410 0 1 2 02000		84 City		FL 85 Zip Code
I office or registered agent or both	ions 607.0502 and 607.1508, Florida Statutes, the in the State of Florida. Such change was authorize opt the obligations of, Section 607.0505, Florida Sta	ed by the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE				
Signature, typed or printed name		ed Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
	FFICERS AND DIRECTORS 13	TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE D		!		
NAME NIHALUDDIN, ANJU	THE PUBLICATION OF THE PUBLICATI	NAME		
STREET ADDRESS 8438 DIAMOND CO	The state of the s	STREET ADDRESS		Ì
CITY-ST-ZIP ORLANDO FL 3283		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		i		
NAME	1	NAME		
STREET ADDRESS	<b>.</b>	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP TITLE		☐ Change ☐ Addition
TITLE				
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST-ZIP		CITY-ST-ZIP TITLE		Change Addition
TITLE		NAME		
NAME				
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP TITLE		☐ Change ☐ Addition
TITLE		NAME		
NAME		STREET ADDRESS		
STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP		TITLE		☐ Change ☐ Addition
TITLE	- Dece, e	NAME		
NAME		STREET ADDRESS		
STREET ADDRESS	1	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 if changed, or on an attachment with an address, with all other like empowered.

Any Ara Milabelle ANUM A. NIHALUDDIN
ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-650-9200