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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049956 (2)

1. Corporation Name

BEKMA ELECTRONICS CORP.

Principal Place of Business

5520-H COACH HOUSE CIRCLE
BOCA RATON FL 33486

Mailing Address

5520-H COACH HOUSE CIRCLE
BOCA RATON FL 33486-8629



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

~~COHN, ALAN B.~~
~~2021 TYLER ST.~~
~~HOLLYWOOD FL 33020~~

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

03/20/1996

4. FEI Number

65-0596808

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

10. Name and Address of New Registered Agent

81 Name

POLANS, CHRISTINE M ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

BUTLER, BURNETT & PAPPAS

83 City

PORT PLAZA, SUITE 1100

84 City

6000 COURTNEY CAMPBELL CAUSEWAY

85 Zip Code

TAMPA

FL

33607

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]
(Printable, typed or printed name of registered agent and title, if applicable)

Christine M. Polans

4-20-97
(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME BEHROOZI, GOODARZ

STREET ADDRESS 7000 N.W. 6TH CT.

CITY - ST - ZIP MARGATE FL 33063

TITLE ☒ DELETE

NAME KENOL, PHILIPPE

STREET ADDRESS 7000 N.W. 6TH CT.

CITY - ST - ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS PSVD

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE

[Signature]

CR2E034 (9/96)