## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P95000061676 (9)

	N ELECTRONICS COMPA							
Principal Place of Business Mailing Address  8340 ULMERTON RD. 3401 49TH ST. N.  STE. 230 ST. PETERSBURG FL 33710  LARGO FL 34841						DO NOT WRITE IN THIS		
Daily Te V	<b>V</b> 11					3. Date Incorporated or Qualified 08/09/1995		= ====
2. Principal P	ace of Business	2a. Mailing Address 26	·¬			4. FEI Number 59-3342928		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	5 Additional Required	
City & Stat	9	City & State	-			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Country 25	Zip 29	Cour 30	ilry	1	This corporation owes or has paid the c Personal Property Tax due June 30.		ntangible No
	9, Name and Address of Curi	rent Registered Agent		_		10. Name and Address of New Registered	Agent	
	IECZKO, CHARLES J			61	Name			
3401 <b>49</b> TH ST N ST <b>PET</b> ERSBURG FL 33710			Ĺ	82				
				83				· · · · · · · · · · · · · · · · · · ·
				84	′	F	L	p Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the ob Stonatore, typod or printed name of rugistered				y the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment s	s registered
12,		AND DIRLCTORS	13.	Age	int signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DDQ IN 12
TITLE NAME	P FRIZZLE, RALPH	DELETE	1,1 TiT) 1,2 NAI			ADDITIONO OF ANALO TO OFFICE OF A	Change	
STREET ADDRESS CITY-ST-ZIP	13895 TRINIDAD DR. SEMINOLE FL 34646		1.3 STR 1.4 CiT		ADDRESS			
TITLE	☐ DELETÉ 23			2.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS			2.2 NA/ 2.3 STA		ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CIT	_	ST-ZIP		Change	Addition
NAME			32 NA				L. Ononge	, LJ Kodillon
STREET ADDRESS CITY-ST-ZIP			3 3 STF 3.4. CIT		ADDRESS		7	
TITLE		☐ DELETE	4.1 TB:	LE	21-41	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS			4. 2 NA 4.3 STA		ADDRESS			
CITY-ST-ZIP			4.4 CIT		J			
TITLE		DELETE	5.1 Titl				Change	Addition
NAME STREET ADDRESS			5.2 NA		ADDRESS			
			1 3.31					

14. Thereby certify that the information supplied with this filling 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 articress.

6.3 STREET ADDRESS

6.1 TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

DELETE

RALPH FRIZZLE

12MAR98 8/35300301

Change

Addition

**FILED** 

May 11 1998 8:00am

Secretary of State