## 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 # P95000061676

1. Corporation Name

**GERMAN ELECTRONICS COMPANY** 

Principal I	Place o	of Business	,
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Mailing Address

GADA ANTIJ CT. NI

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90114 026 \*\*\*150.00



STE. 230 LARGO FL 3464		ST. PETERSBURG FL 33710		DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualifed 08/09/1995</li> </ol>		
	lace of Business	2a. Mailing Address		<del></del>	4. FEI Number	Ar	pplied For
21 (a5)	SO ENTERPRISE BLUD	26			59-3342928	No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	ego Fl	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current	· <u> </u>	—
24 337	7 5 25	29 3	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	<del></del>	T	10. Name and Address of New Reg	stered Agent	
DIO	TOTALO CUARIEC I		81	Name			
	ECZKO, CHARLES J		82	Street Ad	dress (P.O. Box Number is Not Acceptable	<u> </u>	
	49TH ST N						
ST P	ETERSBURG FL 33710		83				
			84	City		FL 85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	it Flooda. Such change was au	inorized by	tne corpora	rporation submits this statement for the pur tion's board of directors. I hereby accept th	pose of changing its e appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND		13.	******	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	FRIZZLE, RALPH		1.2 NAME				
STREET ADDRESS	13895 TRINIDAD DR.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34646		1.4 CITY-5	ST-ZIP			
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME	-			
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	<b>\</b>		8.3 STREE	T ADDRESS			
CITY OT ZID			6.4 CITY-S	ST-ZIP			
CHY-SI-ZIP							

14. 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.

727*5*30030/