

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED AND FILED *pg. 1 of 2*

97 SEP 15 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000028180 (3)**  
1. Corporation Name  
**TECH NET ELECTRONICS, INC.**



Principal Place of Business <b>11902 RACE TRACK RD. TAMPA FL 33626</b>	Mailing Address <b>11902 RACE TRACK RD. TAMPA FL 33626</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/01/1996</b>		3a. Date of Last Report <b>N/A</b>	
21. Principal Place of Business <b>7905 Leo Kidd Ave.</b>	22. Mailing Address <b>P.O. Box 26881</b>	4. FEI Number <b>59-3370826</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State <b>Port Richey, FL</b>	24. City & State <b>Tampa, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25. Zip <b>34668</b>	26. Zip <b>33623-6881</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
27. Country <b>USA</b>	28. Country <b>USA</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ABBOTT, MARK A  
11902 RACE TRACK RD.  
TAMPA FL 33626**

10. Name and Address of New Registered Agent

81 Name <b>MARK A. Abbott</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5346 Bluepoint Drive</b>
83
84 City <b>Port Richey</b>
85 Zip Code <b>FL 34668</b>

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 *Mark A. Abbott* **MARK A. ABBOTT** DATE **9/6/97**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ABBOTT, MARK A</b>	
STREET ADDRESS <b>11902 RACE TRACK RD.</b>	
CITY-ST-ZIP <b>TAMPA FL 33626</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>MARK A. Abbott</b>	
1.3 STREET ADDRESS <b>5346 Bluepoint Drive</b>	
1.4 CITY-ST-ZIP <b>Port Richey, FL 34668</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**500002297425-2**  
**-09/18/97-01103-014**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*A. Alan*  
**9/15/97**

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 *Mark A. Abbott* **MARK A. ABBOTT** DATE **9/8/97** **813 8447622**

CR2E034 (4/97)

To Whom It May Concern:

As per my conversation today 9/8/97, with your associate Andy, he indicated there would be no late fee due to the fact that our principal place of business & mailing address had changed last year. Please find enclosed a copy of our occupational licenses, current & last years.

Thanking You in Advance for clearing up this matter.

Sincerely  
Mud & attt.