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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PORC

P96000054290 (7)

ELECTRONICS 4 LESS, INC.

FILED Jan 28 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address				f HOGISEAT IND HOUSE ANGEL AND LES AND LES	til 1910) ölli ota	IN HEIM ENVI		
7 S SWINTON AVE DELRAY BEACH FL 33444		7 S SWINTON AVE DELRAY BEACH FL 33444-3653					:			
						 Date Incorporated or Qualified 06/24/1996 	3a. Date	of Last Re		
2, Principal P	lace of Business	2a. Mailing Address 26	6			4. FEI Number 65-0693771		Applied For Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	30 Cou	entry		8. This corporation has liability for Florida Statutes	intangible ta		199.032,	
	g. Name and Address of Curr	rent Registered Agent			1	O. Name and Address of New Re	gistered Ag	ent		
KH	ALIL, KHALID			81 Name	9	Not Applicable)			
7 S SWINTON AVE				82 Street	t Address	(P.O. Box Number is Not Acceptal				
DELRAY BEACH FL 33444				<u> </u>						
				63						
				84 City		-	FLI	85 Zip C	-	
SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with and accept the ob		(NOTE Registere				DATE			
TITLE	D	DELETE		ITLE	Pres	sident/Director Lil Khalid		Change	Addition	
NAME	KHALIL, KHALID		1.2 N	AME	Kha]	il Khalid	•			
STREET ADDRESS	7 S SWINTON AVE		1.3 \$	Treet address	Deli	Swinton Ave. ray Beach, FL 33444	l .			
CITY - ST - ZIP	DELRAY BEACH FL 33444	Cloure		ITY-ST-ZIP	1			10	Addican	
TITLE		[] DELETE	211		1		L.	J Change	Addition	
NAME STREET ADDRESS			22 N	iame Treet address	.					
CITY-ST-ZiP			1	CITY-ST-ZIP	`					
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NAME			3.2 N	AME						
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CITY-S1-ZIP				ITY-ST-ZIP						
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NAME			5 2 N	IAME						
STREET ADDRESS			5.3 8	TREET ADDRESS	3					
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NAME			4	IAME						
STREET ADDRESS				Treet address	i					
CITY - ST - ZIP	1		6.4 0	ITY-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 in changed, or or an attachment with an address.

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR

1-3-97

56-278-021

Daytime Phone