## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98. DOCUMENT # P96000054290 ELECTRONICS 4 LESS, INC. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified TUNE 24, 1996 4. FEI Number 65-0693771 2. Principal Place of Business 2a. Mailing Address 21716 S. Fiske Blvd. 26 2100 Linton Lake Drive Suite, Apt #, etc. 27 Town house # B \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 28 Detray Beach, FL City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 32922 25 Brevard 20 33445 30 Palm Beach 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent KHALID KHALIL 2100 Linton Lake Drive #-B 82 Street Address (P.O. Box Number is Not Acceptable) Delray Beach, FL 33445 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELFTE 1.110116

Applied For

☐ No

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-2IP 14 CITY-ST-7IP Addition Change TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP 80000254694<sup>8</sup> TITLE DELFTE 5.1 TITLE Addition NAME 5.2 NAME -06/04/98--01007--024 5.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6 8 STREFT ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby cortify 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 suppliemental 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 trusted 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