

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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000060659 (5)

1. Corporation Name  
THE WIRE MATE CORPORATION

Principal Place of Business  
5001 L.B. MCLEOD ROAD  
ORLANDO FL 32811

Mailing Address  
5001 L.B. MCLEOD ROAD  
ORLANDO FL 32811-6813



3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report
4. FEI Number 59-3395728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
ROSEN, BOB D  
5001 L.B. MCLEOD ROAD  
ORLANDO FL 32811

81 Name MAGEE, JAMES M., ESP.
82 Street Address (P.O. Box Number is Not Acceptable) 226 HILLCREST ST.
83 City ORLANDO
84 State FL
85 Zip Code 32801

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: *James Magee* (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/97

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME ROSEN, BOB E	
STREET ADDRESS 5001 L.B. MCLEOD ROAD	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE <del>XXXXXXXXXX</del>	<input type="checkbox"/> DELETE
NAME <del>XXXXXXXXXX</del>	
STREET ADDRESS <del>XXXXXXXXXX</del>	
CITY-ST-ZIP <del>XXXXXXXXXX</del>	
TITLE <input type="checkbox"/> DELETE	
NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE	
TITLE <input type="checkbox"/> DELETE	
NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROSEN, BOB D	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE S. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME WILLARD NX JR.	
2.3 STREET ADDRESS 5001 L.B. MCLEOD RD	
2.4 CITY-ST-ZIP ORLANDO, FL 32811	
3.1 TITLE VP, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DAVID LUNDEEN	
3.3 STREET ADDRESS 5001 L.B. MCLEOD RD	
3.4 CITY-ST-ZIP ORLANDO, FL 32811	
4.1 TITLE VP, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME PETE HALL	
4.3 STREET ADDRESS 5001 L.B. MCLEOD RD.	
4.4 CITY-ST-ZIP ORLANDO, FL 32811	
5.1 TITLE VP, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME DAVID SWEENEY	
5.3 STREET ADDRESS 5001 L.B. MCLEOD RD	
5.4 CITY-ST-ZIP ORLANDO, FL 32811	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Rosen, Pres.* Date: 1.9.97 Daytime Phone: 407.297.1004

CR2E034 (9/96)