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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000065597 (2) DOCUMENT #

A.B. PERS ELECTRONICS, INC.

Principal Place of Business Mailing Address STE. 207. 1191 E. NEWPORT CENTER DR. STE. 207. 1191 E. NEWPORT CENTER DR.

FILED Mar 17 1998 8:00am Secretary of State



DEERFIELD E	EACH FL 33442	DEERFIELD BEACH FL 33442			DO NOT WRITE IN	N THIS SPAC	E			
						3. Date Incorporated or Qualified 08/06/1996				
2. Principal P	lace of Business	2a. Maiting Address				4. FEI Number		Ar	plied For	
21		26				65-0725723		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing	\$	5.00	May Be	
23	Country Zip					Trust Fund Contribution Added to Fees				
Zip	— ´	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible				
24	9. Name and Address of Curre	29 nt Registered Agent	30			Personal Property Tax due June 30 10. Name and Address of New Regis			J No	
Fil	INGS, INC.	in riegistored Agent		81	Name	IV. Name and Address of New Year	VOIGO WAGIL			
	32 NW 16TH ST.		L							
FT. LAUDERDALE FL 33311				62	Street Address (P.O. Box Number is Not Acceptable)					
				63	•					
			·	\perp						
				84 (City		FL 85	Zip (Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was pations of, Section 607.0505, F	ites, the ab authorized lorida Statu	ove-r by th	named corpora	poration submits this statement for the pur tion's board of directors. I hereby accept t		iging its ent as	s registered registered	
SIGNATURE										
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO ID DIRECTORS		Agent :	signature requi		DATE			
12.	D OFFICERS AN	DELETE	13.	E	1	ADDITIONS/CHANGES TO OFFICER	S AND DIRE		S IN 12 Addition	
NAME	PERSAUD, A.		1.2 NAM		İ			nango	LI Accilion	
STREET ADDRESS	STE. 207, 1191 E. NEWPOR	CENTER DR.			IUDE66					
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITL		<u></u>			hange	Addition	
NAME			2.2 NAM	Æ				•	_	
STREET ADDRESS			2.3 STR	EET AD	DRESS					
CITY-ST-ZIP			2. 4 CIT	Y-\$T-	ZIP					
TITLE		☐ DELETE	3.1 Titt				Ci	nange	Addition	
NAME			3.2 NAA	AE.						
STREET ADDRESS			3.3 STR	EET AD	DAESS					
CITY-ST-ZIP	<u> </u>			3.4 CITY-ST-ZIP						
TITLE	☐ DELETE			E			☐ CI	nange	Addition	
NAME			4. 2 NAI	ME						
STREET ADDRESS			4.3 STA	eet adi	DRESS					
CITY - ST - ZIP			4.4 CITY		TIP .		,			
TITLE		☐ DELETE	51 TITL				☐ CI	nange	Addition	
NAME			5.2 NAN			•				
STREET ADDRESS			5.3 STR							
CITY-ST-ZIP		The ere	5.4 CITY		IP				Addition	
TITLE		DELETE	6.1 TITL				CH	iange	Addition	
NAME STREET ADDRESS			6.2 NAM							
STREET ADDRESS			6.3 STRI							
CITY-ST-ZIP			6.4 CiTY	'-ST-Z	(IP					

14. Thereby 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 appear 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 of the report 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 in an autonoment with an address.