

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90063 018 ***150.00

DOCUMENT # P96000075009

1. Corporation Name

BTC ELECTRONICS CORPORATION

Principal Place of Business

**5109 EXCELLENCE BOULEVARD, SUITE 535
TAMPA FL 33617**

Mailing Address

**5109 EXCELLENCE BOULEVARD, SUITE 535
TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

59-3398560

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3225 Arden Villas

2a. Mailing Address

3225 Arden Villas

Suite, Apt. #, etc.

BLVD., # 1117

Suite, Apt. #, etc.

BLVD., # 1117

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

Orange

Zip

32817

Country

Orange

9. Name and Address of Current Registered Agent

**DAVICO JR, ALDO
5109 EXCELLENCE BLVD
STE #535
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name

Aldo Davico Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

3225 Arden Villas Blvd. # 1117

83

84 City

Orlando

FL

85 Zip Code

32817

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE **1-21-99**

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ DELETE
NAME **DAVICO, ALDO JR.**
STREET ADDRESS **5109 EXCELLENCE BOULEVARD, SUITE 535**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Aldo Davico Jr.**
1.3 STREET ADDRESS **3225 Arden Villas Blvd. # 1117**
1.4 CITY-ST-ZIP **Orlando, FL 32817**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99 407 482 1913

CR2E034 (11/98)

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