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FILED  
Mar 18 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 # P96000077724 (8)

1. Corporation Name

BRITTAIN COMPONENTS, INC.



Principal Place of Business

Mailing Address

4019 SE 20TH PLACE #801  
CAPE CORAL FL 33904

4019 SE 20TH PLACE #801  
CAPE CORAL FL 33904-8046

3. Date Incorporated or Qualified

09/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 2505 N.E. 9th Ave

2a. Mailing Address

26 2505 N.E. 9th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 CAPE CORAL, FL

City & State

28 CAPE CORAL, FL

Zip

Country

24 33909

25 USA

Zip

Country

29 33909

30 USA

9. Name and Address of Current Registered Agent

BRITTAIN, GEORGE M  
4019 SE 20TH PLACE #801  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 type (for printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
President	George M. Brittain	4019 SE 20th PL #801	CAPE CORAL, FL 33904	<input type="checkbox"/>
Secretary	Felix J. Brittain	2505 N.E. 9th Ave	CAPE CORAL, FL 33909	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-97 941-574-6555

0397424

CR2E034 (9/96)