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

P96000087005 (0)

AAHUN	'S ELECTRONICS INC.				
Principal Place of Business Mailing Address					(160/406/ 146 104/0 64/4 60/1/ 40/1/ 00/1/ 00/1/ 10/4/ 10/4/ 00/1/ 40/1/ 40/1/ 16/4
RTE 51 8110 PATTERSON ROAD TAMPA FL 33634		RTE 51 8110 PATTERSON ROAD TAMPA FL 33634			
TAMPA PL 33034		1AMFA FL 33039			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
- 5: : : : : : :		T-2			10/21/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For SQ-3409120 Not Applied ble
Suite, Apt. #, etc		Suite, Apt #, etc.			\$8.75 Additional
22		[27]			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Tip	Country		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current	Registered Agent	[30]		Personal Property Tax due June 30. Ses No. No. Name and Address of New Registered Agent
AL VIII					
WIGLE, AARON RTE 51 8110 PATTERSON ROAD				00 Ct A	dd (D.O. Daw blanch a Sa Mat Accordable)
	APA FL 33634		'	Street Ad	ddress (P.O. Box Number is Not Acceptable)
			1	33	
			<u> </u>	B4 City	85 Zip Code
			1		_FL S Z D C C C C C C C C C
11. Pursuant to the provisions of Sections 607 (802 and 607, 1806. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0905, Florida Statutes.					
SIGNATURE Signature, typed or princed corne of required traject ingent and take dapper able (NOTE Registered Agent signature required when reinstating) DATE OPTION OPTION OPTION DATE					
12.	OFFICERS AND	The state of the s	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	☐ DEFEIF	11701	1	☐ Change ☐ Addition
NAME	WIGLE, AARON	n	1 2 NAN		
STREET ADDRESS RT 51, 8110 PATTERSON ROA		U	13 STREET ADURESS 14 CITY - ST - 7IP		
CITY-ST-ZIP TITLE	IAMPA FL	DELETE			Change Addition
NAME			2 2 NAN		
STREET ADDRESS			1	FET ADDRESS	·
CITY-ST-ZIP			2 4 C(T	Y - \$1 - 7IP	
TITLE		☐ DELETE	3 1 1111	F	Change Addition
HAVE			3.2 NAN	AE.	
STREET ADDRESS			3 3 STR	EET ADDRESS	
CITY-SI-ZIP		T britti	34. C(TV-ST-ZIP DELETE 4.1 Title		Change Addition
TITLE NAME		רון מנגרונ	4.1 IIIL 4.2 NAI		Citatibe T Wonton
STREET ADDRESS				EET ADDRESS	
CITY-SI-ZIP					
TITLE		DELETE	DELETE 5.1 TITLE		Change Addition
NAME			5 2 NAN		•
STREET ADDRESS			53STR	EF1 ADDRESS	
CITY-ST-ZIP	<u> </u>		5.4 CITY	(-S1-ZIP	
TITLE		DELETE	611111	F	Change Addition
NAME			6 2 NAN	AE	
STREET ADDRESS			6 3 S1A	ELT ADDRESS	
CITY-ST-ZIP	Notice Control of the	Calculation Plans and a second		(-SI-ZIP	in Contrar 110 C7/OV/) Florido Ctatuto - 15 dha
14. I hereby certify the information sipplified 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 officer or direction or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and accurate and that my name appears in the information and information and in the information and in the information and in t					

SIGNAT'

113-284-204 4-29-98

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May 07 1998 8:00am

Secretary of State