SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049625 (1)

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED Oct 01 1998 8:00am Secretary of State

J. DEE'S		ronic repair, inc	ı					
Principal Plac	e of Busines	;s	М	ailing Address				BOLLI OLGUR (8460 87168 1186) 8111 1901
8340 BROKEN WILLOW LANE		8340 BROKEN WILLOW LANE					'	
PORT RICHEY FL 34868		PORT RICHEY FL 34668						
						DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	
2 Principal F	Dace of Busin	nace	28	. Malling Address			06/02/1997 4. FEI Number	Applied For
21	2. Principal Place of Business		26				59-3448978 Not Applical	
Suite, Apt. #, etc.		1201	Suite, Apt. #, etc.				1 \$8.75 Additional	
22	¬ '''		27	27			5. Certificate of Status Desired L_	Fee Required
	City & State		1	City & State		6. Election Campaign Financing	\$5.00 May Be	
23			28				Trust Fund Contribution	Added to Fees
Zip		Country		Zip	Cou	untry	8. This corporation owes or has paid the	
24		25	29		30		Personal Property Tax due June 30.	Yes No
		and Address of Current	Regis	stered Agent		 	10. Name and Address of New Registe	ered Agent
BAU	MGARTNEF	r, Joanna				81 Name		
8340 BROKEN WILLOW LANE						82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
POR	t richey i	FL 34668						
						83		
						84 City		85 Zip Code
11. Pursuant	to the provis	sions of sections 607.0502	and 60	07.1508. Florida Statu	les, the ab			of changing its registered
11. Pursuant office or agent. I a	am familiar w	vith, and accept the obligat	ions o	1, section 607.0505, F	lorida Star	pove-named corpo d by the corporati tutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent. I a	am familiar w	vith, and accept the obligat	and title	If applicable. (I	OTE: Registe	pove-named corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered
agent. I a SIGNATURE 12.	Signature, typed	vith, and accept the obligat	and title	If applicable (I	lorida Star	pove-named corpo d by the corporati tutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent. I a	Signature, typed	vith, and accept the obligat for printed name of registered agont OFFICERS AND	and title	If applicable. (I	NOTE: Registe	pove-named corpo d by the corporati tutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered
agent. 16 SIGNATURE 12. TITLE NAME	Signature, typed PD BAUMGAI	vith, and accept the obligat or printed name of registered agont OFFICERS AND RTNER, JOANNA	and title	If applicable (I	NOTE: Registe 13. 1.1 Ti 1.2 N/	pove-named corpo d by the corporati tutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	If applicable (I	NOTE: Registe 13. 1.1 TI 1.2 N/ 1.3 ST	pove-named corporati d by the corporati tutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered
agent. 16 SIGNATURE 12. TITLE NAME	Signature, typed PD BAUMGAI 8340 BRC	vith, and accept the obligat or printed name of registered agont OFFICERS AND RTNER, JOANNA	and title	H epplicable (I	NOTE: Registe 13. 1.1 TI 1.2 N/ 1.3 ST	ove-named corpordid by the corporation tutes. ared Agent signature requires. TLE AME IREET ADDRESS TY-ST-ZIP	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE IS AND DIRECTORS IN 12 Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	If applicable (I	NOTE: Registe 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	DOVE-named corporation of the co	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE IS AND DIRECTORS IN 12 Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H epplicable (I	NOTE: Registe 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	DOVE-named corporation of the co	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE IS AND DIRECTORS IN 12 Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H epplicable (I	NOTE: Registe 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	pove-named corporati tutes. seed Agent signature requires. TLE AME IREET ADDRESS TREET ADDRESS TREET ADDRESS	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE IS AND DIRECTORS IN 12 Change Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H epplicable (I	NOTE: Registe 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	DOVE-named corporation of the co	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE IS AND DIRECTORS IN 12 Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H applicable (1 ECTORS DELETE	NOTE: Register 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI	pove-named corporati tutes. seed Agent signature required Agent signature required Agent signature required Amelian Control of the Ameli	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H applicable (1 ECTORS DELETE	NOTE: Register 13. 1.1 Til 1.2 N/ 1.3 ST 1.4 CI 2.1 Til 2.2 N/ 2.3 ST 2.4 CC 3.1 Til 3.2 N/	pove-named corporati tutes. seed Agent signature required Agent signature required Agent signature required Amelian Control of the Ameli	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H applicable (1 ECTORS DELETE	NOTE: Register 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 Ci 3.1 TI 3.2 N/ 3.3 ST	DOVE-named corporation of the co	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	H applicable (1 ECTORS DELETE	NOTE: Register 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 Ci 3.1 TI 3.2 N/ 3.3 ST	DOVE-named corporation of the co	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	# applicable (# CTORS DELETE DELETE	NOTE: Register 13. 1.1 Til 1.2 N/ 1.3 ST 1.4 CI 2.1 Ti 2.2 N/ 2.3 ST 2.4 CC 3.1 Tr 3.2 N/ 3.3 ST 3.4 CI	ove-named corporati tutes. ared Agent signature required to the corporati tutes. TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AMI REET ADDRESS TY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	# applicable (# CTORS DELETE DELETE	NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST 2.4 Ci 3.1 Ti 3.2 N/ 3.3 ST 3.4 Ci 4.1 Ti 4.2 N/	ove-named corporati tutes. ared Agent signature required to the corporati tutes. TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AMI REET ADDRESS TY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	# applicable (# CTORS DELETE DELETE	NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST 2.4 Ci 3.1 Ti 3.2 N/ 3.3 ST 3.4 Ci 4.1 Ti 4.2 N/ 4.3 ST	ove-named corporati tutes. ared Agent signature requirements for the corporati tutes. TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AMI REET ADDRESS TY-ST-ZIP TLE AMI REET ADDRESS TY-ST-ZIP TLE AMI AMI REET ADDRESS TY-ST-ZIP TLE AMI AMI AMI AMI AMI AMI AMI AM	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	# applicable (# CTORS DELETE DELETE	NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST 2.4 Ci 3.1 Ti 3.2 N/ 3.3 ST 3.4 Ci 4.1 Ti 4.2 N/ 4.3 ST	ove-named corporati tutes. ared Agent signature required to the corporati tutes. ared Agent signature required to the corporati tutes. TLE AME IREET ADDRESS TTY-ST-ZIP TLE AMI IREET ADDRESS TTY-ST-ZIP TLE AME IREET ADDRESS TTY-ST-ZIP TLE AME IREET ADDRESS TTY-ST-ZIP	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered ATE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	M spectron 607.0505, F M applicable. (0 ECTORS DELETE DELETE DELETE	NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST 2.4 Ci 3.1 Ti 3.2 N/ 3.3 ST 3.4 Ci 4.1 Ti 4.2 N/ 4.3 ST 4.4 Ci	ove-named corpo d by the corporati tutes. ared Agent signature requ tutes. TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered appointment as registered. ATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	M spectron 607.0505, F M applicable. (0 ECTORS DELETE DELETE DELETE	NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST 2.4 Ci 3.1 Ti 3.2 N/ 3.3 ST 4.4 Ci 5.1 Ti 5.2 N/ 5.2	ove-named corpo d by the corporati tutes. ared Agent signature requ tutes. TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered appointment as registered. ATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	M spectron 607.0505, F M applicable. (0 ECTORS DELETE DELETE DELETE	NOTE: Register 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 N/ 2.3 ST 2.4 CC 3.1 TF 3.2 N/ 3.3 ST 4.4 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CF 5.1 TI 5.2 N/ 5.3 ST	DOVE-NAMED CORPORATION THE AME TREET ADDRESS TTY-ST-ZIP TILE AMM TREET ADDRESS TTY-T-ZIP TILE AMM TREET ADDRESS TTY-ST-ZIP TILE AMM	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered appointment as registered. ATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	M spectron 607.0505, F M applicable. (0 ECTORS DELETE DELETE DELETE	NOTE: Register 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 N/ 2.3 ST 2.4 CC 3.1 TF 3.2 N/ 3.3 ST 4.4 CI 4.1 TI 4.2 N/ 4.3 ST 4.4 CF 5.1 TI 5.2 N/ 5.3 ST	DOVE-NAMED CORPORATION THE AME TREET ADDRESS TTY-ST-ZIP TILE AME TREET ADDRESS TTY-T-ZIP TILE AME TREET ADDRESS TTY-T-ZIP TILE AME TREET ADDRESS TTY-T-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered appointment as registered. ATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
agent. 12 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	M spectron 607.0505, F M applicable. (0 CTORS DELETE DELETE DELETE DELETE	NOTE: Register 13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/ 2.3 ST 2.4 Ci 3.1 Ti 3.2 N/ 3.3 ST 4.4 Ci 5.1 Ti 5.2 N/ 5.3 ST	DOVE - NAME COPPORATION OF THE COMPANY OF THE COMPA	oration submits this statement for the purpose ion's board of directors. I hereby accept the a uired when reinstating)	of changing its registered appointment as registered appointment as registered. ATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. 14 SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed PD BAUMGAI 8340 BRC	or printed name of registered agont OFFICERS AND RTNER, JOANNA DKEN WILLOW LANE	and title	M spectron 607.0505, F M applicable. (0 CTORS DELETE DELETE DELETE DELETE	NOTE: Register 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CC 3.1 TF 3.2 N/ 3.3 ST 4.4 CF 5.1 TF 5.2 N/ 5.3 ST 5.6 CF 6.1 TF 6.2 N/ 6.2	DOVE - NAME COPPORATION OF THE COMPANY OF THE COMPA	oration submits this statement for the purpose ion's board of directors. I hereby accept the a urred when reinstating)	of changing its registered appointment as registered appointment as registered. ATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition