

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90165 019 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000098847**

1. Corporation Name  
**ERGONOMIC ELECTRONICS, INC.**



Principal Place of Business  
**813 PARK VILLA CIRCLE  
ORLANDO FL 32824**

Mailing Address  
**813 PARK VILLA CIRCLE  
ORLANDO FL 32824**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/17/1997**

4. FEI Number

**59-3499668**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

**2601 EUSTON RD**

Suite, Apt. #, etc.

**21**

City & State

**WINTER PARK FL**

Zip Country

**32789**

**24**

2a. Mailing Address

**11310 S. ORANGE BLOSSOM TR.**

Suite, Apt. #, etc.

**SUITE 196**

City & State

**ORLANDO, FL**

Zip Country

**32837**

**29**

9. Name and Address of Current Registered Agent

**GELLNER, RUSSELL  
813 PARK VILLA CIRCLE  
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

81 Name

**GELLNER, RUSSELL**

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

**2601 EUSTON RD**

83

84 City

**WINTER PARK**

**FL**

85 Zip Code

**32789**

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, typed or printed name of registered agent and title if applicable.

**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4-20-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**PT  
GELLNER, RUSSELL  
813 PARK VILLA CR  
ORLANDO FL 32824**

TITLE ☐ DELETE

NAME  
**VPS  
WALLACE, JENNIFER  
813 PARK VILLA CIRCLE  
ORLANDO FL 32824**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PT**

**GELLNER, RUSSELL**

**2601 EUSTON RD**

**WINTER PARK, FL 32789**

**VPS**

**WALLACE, JENNIFER**

**2601 EUSTON RD**

**WINTER PARK, FL 32789**

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SIGNATURE:

**GELLNER, RUSSELL W.**

**PRESIDENT**

Date

**2-1-99**

Daytime Phone #

**407-496-3746**

CR2E034 (11/98)