FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

S17188

(1)

RADIOCOM ELECTRONICS, INC.

Principal Place of Business Maing Address							
	LANTIC BLVD. NGS FL 33071	10619 W. ATLANTIC CORAL SPRINGS F					
					3. Date Incorporated or Qualified 12/10/1990		of Last Report 98/10/1995
2. Principal Place of Business		2a. Mailing Address				Applied For Not Applicable	
21		Suite, Apt. #, etc.					\$8.75 Additional
Suite, Apt. #,	etc	27			5. Certificate of Status Desired	X	Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23	<u> </u>	28			Trust Fund Contribution		Added to Fees
Zφ	Country	Zφ	Coun	try	This corporation has liability for Florida Statutes X Yes	intang:ble ta≀ : □No	cundors 199.032,
24	25	29 Begistered Agent	30		10. Name and Address of New I		.gent
	9. Name and Address of Current	negistered Agent		91 Name			
MDAWA1	rsky, harold		h:	Ctrool A	ddress (P.O. Box Number is Not Acceptal	nle)	
10619 \]	32 Street A	ress (P.O. Box Number is Not Acceptable)			
	NO BEACH FL 33071			B3			
			-	84 City			85 Zip Code
			.,,		poration submits this statement for the pu	FL	1,1,,
12.	grafion (\$pector print from est egister Lapit a OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIRECTORS IN 12
TITLE	0	DELETE	1 1 1.1	1		L	T change
NAME	KRAVATSKY, HAROLD 10619 W. ATLANTIC BLVD.		12 NA	ME HEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL			Y - SF-ZIP			
TITLE	P	DELETE	2 1 1			[☐ Change ☐ Addition
NAME	KRAVATSKY, HAROLD		2 2 NA	ME			
STREET ADDRESS	10619 W. ATLANTIC BLVD.		2.3.SI	REST ACORESS			
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CITY ST-Z-P			3.4 C	TY -S1 - ZIF			
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NAME			4.2 N/4				
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CITY - ST - ZIP				Ty-SI-ZIP			
TITLE		☐ DELFTE	6 1 1	IILE		ĺ	Change Addition
NAME			62 N				
STREET ADDRESS				HEET AUDRESS			
CITY - ST - ZiP			640	TY-ST ZiP			

14. I do hereby certify that the information surpplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliamental 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

6-5-96 (454) 753 3000

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