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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S36620

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SOUTHERN COMPUTRONICS, INC.

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**FILED** 

Jun 24 1997 8:00am

Secretary of State

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Principal Plac	e of Business	Mailing Address			I INCIDENT INCIDENT CONTRACTOR CO	arari grafi Bidit Bidit atbi	4 01011 1901
501 EAST BURGESS ROAD		501 EAST BURGESS RO	AD				
#A-8 Pensacola fl 32504		#A-8 PENSACOLA FL 32504-8378		ļ			
PENSAUULA I	T. 32304	PENDACOLA PE SESOPOS	7/0		3. Date Incorporated or Qualified	3a. Date of Last F	Report
					03/11/1991	05/31/1996	·
2. Principal P	Place of Business	2a. Mailing Address		>	4. FEI Number	·	pplied For
21		26			59-3053857	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 , , ,	Additional
22		27			Feé R	equired	
City & Stat	e		City & State		6. Election Campaign Financing		May Be
23		28	T 65.55		Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	У	8. This corporation has liability for i		s. 199.032,
24	25 9. Name and Address of Currer	29	30		florida Statutes  10. Name and Address of New Re	Yes X No	
011/		ir nobistated Whatir		1 Name	10, Name and Address of New Ne	Aistaian Whalit	
	ao, shane y. E. Burgess Road						
	T A-8		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	NSACOLA FL 32504		8	3			•
FEI	15AUULA FL 325U4						
			8	4 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Fjorida Statu	tes, the abo	_I ve-named co	rooration submits this statement for the p		its registered
office or r agent. I a	regi <mark>ster</mark> ed agent, or both, in the State im f <mark>ami</mark> liar with, and accept the oblig	of Florida, Such change was ations of, Section 607.0505, F	authorized l lorida Statul	by the corporates.	rporation submits this statement for the partion's board of directors. Thereby acceptions	ot the appointment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registered age	ont and little if applicable (NO D DIRECTORS		tion educative red	ared whomens saling)  ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 10
TITLE	D	DELETE	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	SHAO, SHANE Y.		1.2 NAME			Olizingo	
STREET ADDRESS	501 E.BURGESS RD.#A8			EL ADDRESS			
CfTY-ST-ZIP	PENSACOLA FL		1.4 CiTY	ì			l
TITLE	13,10,100	DELETE	2.1 1171.6			Change	Addition
NAME			2.2 NAMI	1			
STREET ADDRESS				ET ADDRESS	ŧ		ŀ
CITY-ST-ZIP			2 4 GITY				
TITLE		DELETE.	31 1111.6			Change	Addition
NAME			3.2 NAMI			-	
STREET ADDRESS			33STRE	EL ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETE	4.1 1111.8			Change	Addition
NAME			4. 2 NAM	F			Ì
STREET ADDRESS			4.3 S1RE	LI ADDRESS			}
CITY-ST-ZIP			4.4 CITY-	S1-7IP			
TITLE		DELETE	51 THEF			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STRE	LADDRESS			ļ
CITY-ST-ZIP			5.4 CITY	S1 - 2(P			
TITLE		☐ DELETE	6 1 THLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			G 3 STRE	T ADDRESS			
CITY-ST-ZIP			64 CITY	ST-7IP			
44 144 6	tarri aramatik i ku a katala katala a katala a a a a a a a a a a a a a a a a a				The Continue AAO DOMOVO Classics Co. L.		

14. I do hereby certify that the information supplied with this filting 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 flustee 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.

Shore U Shore 1/20/02 (00/1432-1171