**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## May 10, 1999 8:00 am Secretary of State 05-10-1999 90229 021 \*\*\*150.00

Suite, Apt. #, etc.  22  City & State  City & State  Country  Zip  Country  Suite, Apt. #, etc.  5, Certificate of Status Desired  Fee Required  Fee Required  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  Status Desired  Fee Required  Trust Fund Contribution  Added to Fees  Suite, Apt. #, etc.  Fee Required  Trust Fund Contribution  Added to Fees  Suite, Apt. #, etc.  Fee Required  Status Desired  Fee Required  Fee Re		1999 `	DIVISION O	DIVISION OF CORPORATIONS		03-10-1333 302.	22 021	130.00	:
Principal Place of Business  300 No. 17th TEB TI AUDERONAE FI. 33394  2. Pracipal Place of Business 2. A making Address  2. Pracipal Place of Business 3. Date Incorporated or Qualitied 07/51/199  3. Date Incorporated or Quality or	DOCU 1. Corporatio	MENT # S71	349						;
200 NE 17TH TER FT LAUDERDALE R, 33034  TO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  07/31/1991  2. Principal Place of Business  2. A Maining Address  3. Date incorporated or Qualified  07/31/1991  3. A File Number  3. City A State.  3. Date incorporated or State.  3. City A State.  3. Date incorporated or State.  3. City A State.  3. City A State.  3. City A State.  3. City A State.  3. Date incorporated or State.  3. City A State.  3. City A State.  3. City A State.  3. City A State.  3. Date incorporated or State.  3. City A State.  3. City A State.  3. City A State.  3. City A State.  3. Date incorporated or State.  3. Date incorporated or State.  3. City A State.  3. Date incorporated or State.  3. Date incorpora	PEX ELE	ECTRONICS, INC.			_			_	≣
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22 City & State 23 City & State 32 City & State 33 City & State 34 City City & State 35 City & State 36 City & State 37 City & State 38 City & Country 38 City & Country 39 Country 40 Name and Address or Current Registered Agent 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda State 41. Pursuant to the provisions of Sections 607.6502 and 607.1508, Piorda St	21				65-0293865				∮ ≣
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Zip	<b>⊣</b> ''		28				Added to	o Fees	Ξ.
9. Name and Address of Current Registered Agent  11. Name  CONINGSBY, A ROBERT JR. 3000 NE 12TH TER FT LAUDERDALE FL 33334  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)  84. City FL 85. Zip Coode  11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and carept the obligations of, Section 670.050. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and carept the obligations of, Section 670.050. Florids Statutes.  SIGNATURE  10. Consider the purpose of the obligations of, Section 670.050. Florids Statutes.  SIGNATURE  12. TITLE  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  13. TITLE  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  13. TITLE  13. TITLE  13. TITLE  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12.  22. NAME  13. TITLE  14. TITLE  15. TITLE		Country	Zip	F				. ·	<u> </u>
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Office or registered agent, or both, in the State of Horida, Succine Off JOSO, Principal State of Horida, Succi	<u></u>	9. Name and Address of	Current Registered Agent	81 Name	10. Maine and Addre	SE OI HEW KEGISTERED	Alloin		
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Signature, lipsed or produced name of registered deport and the filt appricately.    12.	agent. I a	m familiar with, and accept the	e obligations of, Section 607.0505,	Florida Statutes.		•			,
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	14. hereby	certify that the information sup	plied with this filing does not qualify		l I in Section 119.07(3)(i), Flori	da Statutes. I further ce	nify that the in	nformation	' <b>!</b>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEGNATURE AND TYPED ON PRIDUPED NAME OF SECNING OFFICER OR DIRECTOR

754-566-1572