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

FILED Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)S87903 **ELCOM ELECTRONICS, INC.** Principal Place of Business Mailing Address 2911 ARCATA LN 2911 ARCATA LN ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/17/1991</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3090464 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intengible □ No 24 25 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CH00, ILJ00 2911 ARCATA LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 05/02 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of regularied agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition 1.1 TITLE THE F CH00, ILJ00 MALVE 1.2 NAME 2911 ARCATA LANE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 THILE Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TO F NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELFTE Addition 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address (407)382-9511 SIGNATURE:

6.2 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP