## 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 # S92950

(2)

BARRE-RUTH ELECTRONICS, INC.

Principal Place	e of Business	Mailing Address		I HANDINDLO NA HANN HIND KANDA ANDIN DOM	DIRECT BANKAN BANKAN BERKE BARKA BARKA HORY
2036 SPRINT BLVD 10 APOPKA FL 32703 US		P. O. BOX 916899 LONGWOOD FL 32791-6699 US		3. Date incorporated or Qualified	3a. Date of Last Report 04/15/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 2036 SPR	WT BLUD	59-3094405	Not Applicable
Suite Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Suite 10			
City & State		City & State  28 APOPKA	76	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29 32703 3	o vs		Yes No
	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
RUTH, RICHARD L. SR. 2036 SPRINT BLVD #10 APOPKA FL 32703			82 Street Address (P.O. Box Number is Not Acceptable) 83		
			84 City		FL 85 Zip Code
office or i agent. La	to the provisions of Sections 607.050 reg stered agent, or both, in the State am farmiar with, and accept the oblig-	of Florida. Such change was aut	horized by the corporat	poration submits this statement for the pition's board of directors. I hereby acception	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typico or printed name of registered ago	ant and to air applicable (NOTE: F	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	RUTH, RICHARD L. SR.		1.2 NAME		
STREET ADDRESS	500 SWEETWATER BAY CT.		1.3 STREET ADDRESS		
CITY-S1-76P	LONGWOOD FL		1.4 CITY - ST - ZIP		
HILE	SD	☐ DELETE	2 1 TITLE		Change
NAME	BARRE, LOREN D.		22 NAME		
STREET ADORESS			23 STREET ADDRESS	•	
CHTY - ST - ZIP	VERO BEACH FL		2 4 CITY-ST-ZIP		
TOLE	D	DELETE	3.1 TITLE		Change Addition
NAME	MELVILLE, LEE	_	3.2 NAME		
STREET ADDRESS	W230 54497 WILKY WAY ROA	ND .	3.3 STREET ADDRESS		
C(TY - S1 - 7/P	WAUKESHA WI		3.4 CITY-ST-ZIP		
भार		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		: L

CITY-ST ZIP 14. Ho hereby certify that the information supplied with this filing 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 fine 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 atlachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CHY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CHY-S1-ZIP

TITLE

NAME

THE

NAME

DELETE

DELETE

Change

Change

☐ Addilion

Addition

**FILED** 

Feb 27 1997 8:00am

Secretary of State