SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)ELECTEC, INC. Principal Place of Business Mailing Address 6959 STAPOINT COURT **6959 STAPOINT COURT** UNIT J LINIT J WINTER PARK FL 32792 WINTER PARK FL 32792 3a. Date of Last Report 3. Date Incorporated or Qualified 10/23/1995 06/16/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3143294 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Zıp Yes No 30 Florida Statutes 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GREEN, FRANK B 82 Street Address (P.O. Box Number is Not Acceptable) **4628 TIFFANY WOODS CIRCLE OVIEDO FL 32765** 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607 0502 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. Thereby accept the appointment as registered agent if am familiar of the name of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Drun Frank B Green SIGNATURE Registered Agent signature required when reinstating) ared agent and title if applicable (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change Addition DELETE 1 1 TITLE TITLE CR2E034 GREEN, FRANK B 1.2 NAME NAME **4628 TIFFANY WOODS CIRCLE** 13 STREET ADDRESS STREET ADORESS OVIEDO FL 32765 14 CITY - ST-ZIP DITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME FAULKNER, JAMES L NAME **855 GALSTON DRIVE** 2 3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3111111 TITLE 3.2 NAME NAME GREEN, PATRICIA S 4428 THEANY Woods Circle Oxiedo, FL. 32765 11945 ROYAL PALM BLVD., #103 STREET ADDRESS **GORAL SPRINGS FL 3306**5 3 4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP 6000019270戸®ange L Addition -08/20/96--01121--**595** の29 \*\*\*225.00 CITY - ST - ZIP DELETE € 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP

14. I do hereby certily that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address Frank B Green

SIGNATURE:

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

08/08/96

(407)657-0551

CS 8/20/96