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

STREET ADDRESS

CITY-ST-ZIP

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V52434 (0)LEHITEK ELECTRONICS INC. Principal Place of Business Mailing Address 1402 GRAHAM CIR 1315 B HOMESTEAD RD LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1992 2. Principal Place of Business 2a. Mailing Address Applied For 315 B uito, Apt #, etc 21 65-0349338 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registe 10. Name and Address of New Registered Agent 81 Name WAKSMUNDZKI, HARRY M 1402 GRAHAM CIR. 82 Street Add Number is LEHIGH ACRES FL 33936 вэ 84 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 I kuida. 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 6605 Fibrida/Statutes. (SILBISRT SIGNATURE OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 12, 13 DELETE Addition Change TITLE 1.1 TITLE WAKSMUNDZKI, HARRY M 1.2 NAME NAME CR2E034 1402 GRAHAM CIR 1.3 STREET ADDRESS STREET ADDRESS **LEHIGH ACRES FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE WAKSMUNDZKI, CHRISTINE A 2.2 NAME NAME 1402 GRAHAM CIR. STREET ADDRESS 2.3 STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE TITLE BILBBRT 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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

officer or director of the corporation or the receiver or trustee empowered to execute this repo Block 12 or Block 13 if changed, or on an attachment with an address.

FILED