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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V52434

1. Corporation Name

CITY-ST-ZIP

LEHITEK ELECTRONICS INC.

Principal Place	of Business	Mailing Address				
1315 B HOMES	TEAD RD	1315 B HOMESTEAD RD				
LEHIGH ACRES FL 33936		LEHIGH ACRES FL 33936		BO NOT WIDITE IN T		
		US		DO NOT WRITE IN THE	115 SPACE	
ı				3. Date Incorporated or Qualifed		
				07/22/1992		
2. Principal P	lace of Business	2a. Mailing Address	4	4. FEI Number	Applied For	
21		26 4504 LUN	COURT	65-0349338	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	e	City & State	,	6. Election Campaign Financing	\$5.00 May Be	
23		28 LA 30 LE 1-	<u></u>	Trust Fund Contribution	Added to Fees	
Zip	Country		ountry	8. This corporation owes the current year	Intangible	
24	25	29 33735 30	usa	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curren	t Registered Agent	041 Name	10. Name and Address of New Register	ed Agent	
BARBER, GILBERT 1315 B HOMESTEAD ROAD LEHIGH ACRES FL 33936			81 Name <	Same		
1315 B HOMESTEAD ROAD			Street Address (P.O. Box Number is Not Acceptable)			
						LEHI
			84 City		85 Zip Code	
					L 329.0	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered	
office or ragent. I a	egistered agent for both, in the State	of Florida. Such change was authoriz tionş of, Section 607.0505, Florida Si	red by the corporation that utes.	on's board of directors. I hereby accept the ap	l _	
1	TYSU HAIR	J GLERRY BO	SARA	Dog 2/22	199	
SIGNATURE	Signature, holed a printed name of registered ager		ered Agent signature require			
12.	OFFICERS AN	ID DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE 1.	1 TITLE		Change Addition	
NAME	BARBER, GILBERT	1.	2 NAME			
STREET ADDRESS	1315 B HOMESTEAD ROAD	1.3	STREET ADDRESS	4504 IDA COURT		
CITY-ST-ZIP	LEHIGH ACRES FL 33936	14	CITY-ST-ZIP	A ROLLEY DZ 31	135	
TITLE			1 TITLE		☐ Change ☐ Addition	
NAME		2:	2 NAME	والمراجع والمعتبر		
STREET ADDRESS		2:	3 STREET ADDRESS		•	
			4 CITY-ST-ZIP			
CITY-ST-ZIP			1 TITLE		☐ Change ☐ Addition	
TITLE			2 NAME	:	-	
NAME						
STREET ADDRESS			3 STREET ADDRESS			
CITY-ST-ZIP			4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE			I TITLE			
NAME			2 NAME			
STREET ADDRESS			3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE			1 TITLE	١	□ Cuards □ Addition	
NAME			2 NAME	•		
STREET ADDRESS			3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP			
TITLE	45	DELETE 6.	1 TITLE		☐ Change ☐ Addition	
NAME		6.	2 NAME			
1	1					
STREET ADDRESS		6.	3 STREET ADDRESS			

14. I 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 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 of on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90018 002 ***150.00