FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

19	996	CONT	257	DIVISION OF CORPORATIONS			NS	
DOCUM 1. Corporation Na		# V 5401	1	(4)		<u>-</u>		
		D ELECTRONICS	INC.					
170110	/ (D ELECTRICATION						
Principal Place of	Business		Mail	ling Address				
7621 W. HIGHWAY 192				621 W. HIGHWAY 192				
KISSIMMEE FL	34746		K	ISSIMMEE FL 34746				
								3. Date Incorporated or Qualified 07/29/1992 08/07/1995
2. Principal Place	of Rusine	999	28.	Mailing Address				4. FEI Number Applied For
1		~~	26					59-3132525 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
2 City & State			27	City & State				6. Election Campaign Financing \$5.00 May Re
3			28	1				Trust Fund Contribution Added to Fees
Zip	Country		├ ─┐	Zip		ntry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No
24		25 and Address of Curre	29 nt Registe	ered Agent	30			10. Name and Address of New Registered Agent
						81	Name (WASEEM ANSARI
ANWAR, S					ŀ	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
5463 W. H KISSIMME					-	83		4998 WARRINE LANE
MOOIMIME	.C FL 34	140						leel 7:0 Code
					ĺ	84	City K	SIMMEE FL 85 ZIP COME 34746
or registered	agent or	both, in the State of Flori	da Suchi	change was authorize	s, the abo	ve-n orpo	amed corporation's by	poration submits this statement for the purpose of changing its registered office poard of directors. I hereby accept the appointment as registered agent. I am
familiar with,	and acce	of the obligations of Sec	tion 607.0 بع <u>ر</u> ود	505, Florida Statutes.				
SIGNATURE	nature, typed	or printed name of registered agen	I and title if ap	plicable (NOT	E: Registered	Agent	t signature requ	quired when reinstating) DATE
12.	N	OFFICERS AN	ID DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	D ANWAR	R, SHAHZAD		₩ DELETE	1 1 T) 1.2 NA			WASEEM ANSARI
STREET ADDRESS		. HIGHWAY 192					ADDRESS	4995 WARRIDE LANE
CITY-ST-ZIP	KISSIM	MEE FL			1.4 CP	Y-\$1	1-2IP	KISSIMMEE, FL 34744
THLE				☐ DELETE	2 1 TI			Change Addition
NAME STREET ADDRESS					2.2 NA		ADDRESS	
CITY-ST-ZIP					2.4 CI			
TITLE				DELETE	3. 1 71	TLE		Change Addition
NAME					3.2 NA			
STREET ADDRESS					3.3 ST 3.4 Cf		ADDRESS	
CITY-ST-ZIP TITLE				☐ DELETE	4.11		1-211	☐ Change ☐ Addition
NAME					4.2 NA	ME		
STREET ADDRESS					1		ADDRESS	
TITLE				DELETE	4.4 C! 5. 1 Ti		f-ZIP	☐ Change ☐ Addition
NAME				<u></u>	5.2 NA			
STREET ADDRESS					5.3 ST	REET	ADDRESS	
CITY - ST - ZIP				☐ DELETE	5 4 01		1 - ZiP	☐ Change ☐ Addition
NAME					6 1 TI 6.2 NA			El grande El Managi
STREET ADDRESS							ADDRESS	
CHY-ST-7IP					6 4 CF	TY-S	T-ZIP	
oortify that th	sa informa	tion indicated on this son	u al renort	or supplemental anni	iai racort i	s tru	ie and acci	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further curate and that my signature shall have the same legal effect as if made under
oath; that I a	ım an offic	er or director of the corp Block 13 if changed or	oration or	the receiver or trustee	: empower	ed t	o execute	e this report as required by Chapter 607, Florida Statutes; and that my name
		\ \ \ \ \ \	77) are		_		
SIGNATU	HE:	SIGNATURE AND TYPED O	R PRINTED	NAME OF SIGNING OFFICE	R OR DIRECT	OR		Date Dayline Priore #