

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 3-27-96 B 2719 OF CORPORATIONS C

DOCUMENT # **V70954 (5)**

1. Corporation Name
ANILAM ELECTRONICS, INC.



Principal Place of Business: 5625 NW 79TH AVE MIAMI FL 33166
Mailing Address: 5625 NW 79TH AVE MIAMI FL 33166 US

2. Principal Place of Business: 21 3300 CORPORATE WAY, 22 Suite, Apt. #, etc., 23 MIRAMAR, FL, 24 33025, 25 Country
2a. Mailing Address: 26 3300 CORPORATE WAY, 27 Suite, Apt. #, etc., 28 MIRAMAR, FL, 29 33025, 30 Country

3. Date Incorporated or Qualified: 10/14/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0361480
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HKES & F REGISTERED AGENT CORP.
2601 S BAYSHORE DR
STE 600
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and fee, if applicable.) (NOTE: Registered Agent Signature required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MEIJER, ERIK D	
STREET ADDRESS	2664 MAYFAIR LANE	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	METZGER, MIKE	
STREET ADDRESS	ONE PRECISION WAY	
CITY- ST- ZIP	JAMESTOWN NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MIZE, LAWRENCE E	
STREET ADDRESS	15089 MONTROSE RD	
CITY- ST- ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address

SIGNATURE: *Lawrence E Mize* 3-20-96 (954) 430-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)