

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **V71839** (7)

MAY 11 11:01

A & D ELECTRONICS AND ENGINEERING INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE	
10210 FANFARE DR. BOCA RATON FL 33428 US	10210 FAN FARE DR. BOCA RATON FL 33428 US	3. Date Incorporated or Qualified 10/13/1992	3a. Date of Last Report 02/11/1994

21. Principal Place of Business State, Apt. # etc.	26. Mailing Address State, Apt. # etc.	4. FEI Number 65-0366990	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City	29. City	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGRESTA, DEAN 10210 FAN FARE DR. BOCA RATON FL 33428	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3. City
	B4. City FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.140A, 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 607.02(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGRESTA, DEAN	1. NAME	
STREET ADDRESS	10210 FAN FARE DR.	2. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	3. CITY, ST, ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGRESTA, ANTONY	5. NAME	
STREET ADDRESS	10281 FAN FARE DR.	6. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	7. CITY, ST, ZIP	
TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		11. CITY, ST, ZIP	
TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	
TITLE		16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY, ST, ZIP		19. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that, not only for the information stated in Section 119.07(2)(b), Florida Statutes, I do this to certify that the information indicated on this annual report or supplemental filing 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 of this report or as an attachment with an address.

SIGNATURE: *Anthony Agresta* 522-98 467-994-0881
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR