

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

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98 APR 18 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 660446**

**(6)**

1. Corporation Name:  
**ECONOMIC ELECTRIC, INC.**

Principal Place of Business:

**18640 NE 2ND AVENUE  
MIAMI FL 33179-4428**

Mailing Address:

**18640 NE 2ND AVENUE  
MIAMI FL 33179-4452**



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HELLER, L.R., ESQ.  
1 BISCAYNE TOWER  
SUITE 1848  
MIAMI FL**

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent (if applicable)

(If DE: Registered Agent signature required on reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PD ALAVI, ALLEN 247 NW 105TH TERRACE CORAL SPRINGS FL**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**VD ALAVI, BARBARA 247 NW 105TH TERRACE CORAL SPRINGS FL**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

400002495344--6

-04/21/98--01056--087

\*\*\*165.00 \*\*\*165.00

Change  Addition

Change  Addition

Change  Addition

Change  Addition

*Al. Alavi*  
*4/18/98*

14. I do 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 biennial 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 registered broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attached sheet with an address.

SIGNATURE

*[Signature]*

*Al. Alavi*  
*4/18/98*

CR2E034 (9/96)