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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K82963 (5)
1. Corporation Name
MUST ELECTRIC, INC.



Principal Place of Business Mailing Address
812 ORANGEWOOD DR. POST OFFICE BOX 621684
OVIEDO FL 32765 OVIEDO FL 32762-1684
US US

3. Date Incorporated or Qualified 04/05/1989
3a. Date of Last Report 03/25/1996
4. FEI Number 59-2943983 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 201 W. Broadway St 26 Suite, Apt. #, etc.
22 Suite Apt. # etc. 27 City & State
23 Oviedo Florida 28 City & State
24 32765 25 USA 29 Zip 30 Country

9. Name and Address of Current Registered Agent
UMHOLTZ, SARAH T
812 ORANGEWOOD DR.
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name UMHOLTZ, MICHAEL A
82 Street Address (P.O. Box Number is Not Acceptable) 320 E. Osceola Rd.
83
84 City Geneva FL 85 Zip Code 32732

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE [Blank]
(NOTE: Registered Agent signature required when reinstating)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include UMHOLTZ, SARAH T and UMHOLTZ, MICHAEL A. Includes 'DELETE' checkboxes.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include UMHOLTZ, MICHAEL A., THOMPSON, MARK S, and UMHOLTZ, SARAH T. Includes 'Change' and 'Addition' checkboxes.

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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)