

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000029135  
 1. Corporation Name  
**Alive Electric, Inc.**

Principal Place of Business <b>1702 NW 81st Way                  Plantation, FL 33322</b>	Mailing Address <b>1702 NW 81st Way                  Plantation, FL 33322</b>
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DO NOT WRITE IN THIS SPACE

<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Zip
<b>24</b>	<b>29</b>
Country	Country
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified <b>3/28/96</b>	Applied For
<b>4</b> FEI Number <b>65-0657692</b>	Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Rose Jeffrey T**  
**1702 NW 81st Way**  
**Plantation, FL 33322**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P/D Rose Jeffrey T</b>
STREET ADDRESS	<b>1702 NW 81st Way</b>
CITY-ST-ZIP	<b>Plantation, FL 33322</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11</b> TITLE
<b>12</b> NAME
<b>13</b> STREET ADDRESS
<b>14</b> CITY-ST-ZIP
<b>21</b> TITLE
<b>22</b> NAME
<b>23</b> STREET ADDRESS
<b>24</b> CITY-ST-ZIP
<b>31</b> TITLE
<b>32</b> NAME
<b>33</b> STREET ADDRESS
<b>34</b> CITY-ST-ZIP
<b>41</b> TITLE
<b>42</b> NAME
<b>43</b> STREET ADDRESS
<b>44</b> CITY-ST-ZIP
<b>51</b> TITLE
<b>52</b> NAME
<b>53</b> STREET ADDRESS
<b>54</b> CITY-ST-ZIP
<b>61</b> TITLE
<b>62</b> NAME
<b>63</b> STREET ADDRESS
<b>64</b> CITY-ST-ZIP

**40000250220**  Change  Addition  
**-04/28/98--01021--023**  
**\*\*\*150.00**

**14.** I 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 registered 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 \_\_\_\_\_ with an address \_\_\_\_\_

**SIGNATURE: X** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/97)