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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 09 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

111

1. Corporatio	n Name	" 10032 LECTRIC COMPAN	NY, INCORPORATED				
Principal Place of Business Mailing Address						4 IEDIAL ISON INDA SOIDE ILIER LABELLINI ALDIT D	LIBIT REBUT BEREFF BIRTH RIBIT LARI
5633 NW 8TH STREET 5633 NW BTH STREET							
5633 N W			5633 N W 8TH ST		DO NOT WRITE IN THIS SPACE		
MARGATE US	PL 33063		MARGATE FL 33063 US		3. Date Incorporated or Qualified		
						10/10/1955	
2. Principal P	lace of Busin	ness	2a. Mailing Address			4. FEI Number	Applied For
21			<u></u>		59-0751766	Not Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22			27			0, 00,1110000 0100000000	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip		Country	28 Zip	Country		Trust Fund Contribution	Added to Fees
24			30	e. This corporation error or has para the content year mangions		irrent year Intangible ☐ Yes ☐ No	
27	24 25 29 30 30 29 Name and Address of Current Registered Agent					10. Name and Address of New Registered	
9		<del></del>	<del></del>	B1	Name		
SCHNEIDER, CHARLES H 1422 SW 30 ST					C4 4 4 -	dd (D.O. Day Mushar is Not Accountable)	
FT LAUDERDALE FL 33315				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TT BIODENDALE TE GOOTO							
				84	City		85 Zip Code
					-	Fl	_
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		•					
					Registered Agent signature required when reinstating)  DATE		
12. TITLE	vs	OH ICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	SCHNEIDER, SHARON L.		□ occent	1.2 NAME	·		C ontargo C riderson
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-SI-ZIP	FT LAUDERDALE FL			1.4 CITY-S	1		
TITLE	PD	ODGIONAL IL	DELETE	2.1 TITLE	,- <u>L</u> ,,		Change Addition
NAME		EIDER, CHARLES H.		2.2 NAME			-
STREET ADDRESS	A AAA OHA AATII OTTIMUU			2.3 STREET ADDRESS			
CITY-\$T-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			<b>_</b>
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS	DRESS			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE			☐ DELETE				☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP	<del></del> -		DELETE	4.4 CITY - S	T-ZIP		Change Addition
TITLE	·			5.1 TITLE 5.2 NAME			E change E Audition
NAME STREET ADDRESS				5.3 STREET	ADDOCCC		
CITY-ST-ZIP				•	1		
TITLE			☐ DELETE	5.4 CITY-S 6.1 TITLE	1 - TIL		☐ Change ☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		

14. Thereby 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on any attachment with any address. SIGNATURE: