2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 18, 2004 8:00 am Secretary of State 03-18-2004 90029 031 ***150.00 **DOCUMENT # 192384** 1. Entity Name FLORIDA ELECTRIC SERVICE CO., INC. 94031520 Principal Place of Business Mailing Address 1491 S.W. 21ST AVENUE 1491 S.W. 21ST AVENUE FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address __Suite_Apt_#_etc==_ Suite, Apt. #, etc. 03032004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State 59-0782017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAHADY, THOMAS R ESQ. Street Address (P.O. Box Number is Not Acceptable) 350 EAST LAS OLAS BOULEVARD **SUITE 1700** FORT LAUDERDALE, FL 33301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May.Beatrust Fund Contribution. FILE NOW!!!- FEE IS \$150.00-After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. STD ☐ Delete TITLE Change ■ Addition TITLE NAME SIEMS, STEVEN L NAME 2412 NASSAU LANE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE SIEMS, HAROLD C NAME NAME STREET ADDRESS 1491 S.W. 21ST AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME SIEMS, HAROLD K NAME STREET ADDRESS 3011 S.W. 47TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33312 ☐ Delete Channe Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP -Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP h 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 mental 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 or trutee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supply of the corporation or the receiver ke empowered. changed, or on an attachme

Steven L. Siems

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

(954)587-6760°

Daytime Phone #

March 03, 2004