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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

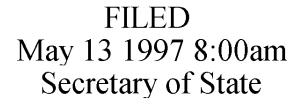
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 265378

NA

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SH EL	ECTRIC,	INC.						

Principal Place of Business	Mailing Address
069 N E 8 AVE	4069 N F R AVE





OAKLAND PARK FL 33334		OAKLAND PARK FL 33334-3003												
								3.	Date Incorporated 12/18/1962	for Qualified		of Last F 6/1996	Report	]
2. Principal Place of Business		2a.	2a. Mailing Address			4.	FEI Number				oplied For			
Suite, Apt. #, etc.		26				59-0994738		····.		ot Applicable	1			
Sune, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Statu	us Desired			Additional equired	l			
I City & State			City & State			6.	Election Campaign	n Financing			· <u>'</u>	1		
23			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip 24	Country			Zip Counti			,	В.			gible tax under s. 199.032,			
24	9. Name and A	Address of Curren	[29] nt Regis	tered Agent	30	7			Florida Statutes  Name and Addre	ss of New Re		No		$\left\{ \right.$
NAS	SH, W. L.					81	Name		1101110 0110 710010	35 01 11011 110	Sieroion W	JOIN		1
4069 N.E. 8TH AVE.						82	Stroot A	ddroec (E	O. Box Number is	Not Assessable	101	<del></del>		-
OAKLAND PARK FL 33334							01100170				nc)			
						83								]
						84	City	• • •		· · · · · · · · · · · · · · · · · · ·	FL	<b>85</b> Zip	Code	1
11. Pursuant	to the provisions of	f Sections 607.050	2 and 6	07.1508. Florida State	ites, the a	above	a-pamed c	orporatio	n submits this state	ment for the n	FL.	hanoina i	te registered	4
office or r agent. I a	egistered agent, or m familiar with, and	r both, in the State d accept the oblic	of Floridations of	07.1508, Florida Statu da Such change was I, Section 607.0505, F	authorize Iorida Sta	ed by	the corpo	ration's t	oard of directors.	hereby accep	ot the appoi	ntment as	registered	
SIGNATURE				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	Signature, typod or printe	· · · · · · · · · · · · · · · · · · ·					int signature re				DATE			]
12. TITLE	PD	OFFICERS AN	DDIREC	DELETE	13.	IIILE	<del></del>	<i>.</i>	ADDITIONS/CHANG	JES TO OFFIC		DIRECTOR Change	S IN 12 Addition	٤
NAME	NASH, WILLIAM L			1,2							L	T Cuantic	Addition	15
STREET ADDRESS							1.3 STREET ADDRESS							Š
CITY-ST-ZIP	FORT LAUDERDALE FL						I - 7IP							Ş
TITLE	DELETE					TITLE						Change	Addition	۲
NAME	NASH, WILLIAM L. ESS 4069 N.E. 8 AVE. FT. LAUDERDALE FL			2.3 \$			2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS														
CITY-ST-ZIP TITLE	TT. BAODENDA	DELETE	2. 4	CITY - S	31 - ZIP			<del></del>		Change	Addition	-		
NAME	_ bear					3.2 NAME					<b></b>	_ Change		
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP					3.4.	CHY-S	ST-ZIP							
TITLE				☐ DELFTE	4.1 T	ITLE						Change	Addition	1
NAME						NAME								ļ
STREET ADDRESS CITY-ST-ZIP							ADDRESS							l
TITLE				DELFTE	5.1 T	HY-S	1-219	····				Change	Addition	1
NAME					5.2 N		ĺ					_ Change	FIGURE CONTROL	
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP					540	HY-S	T - ZIP							
TITLE				DELETE	611	ITLE	1					Change	Addition	
NAME		`			62 N								i	
STREET ADDRESS					6.3 STREET ADDRESS									
CITY-ST-ZIP		<del></del>		. 21	6.40	ITY-S	I-ZIP							

with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name