

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$350).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 DEC -3 PH 4: 50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 330295
 1. Corporation Name
 New River Electric Inc.

Principal Place of Business Mailing Address
 Fort Lauderdale 2981 SW 22 St
 33312-4356

DO NOT WRITE IN THIS SPACE

99

2. Principal Place of Business 2a. Mailing Address
 21 Fort Lauderdale 26 2981 SW 22 St
 Suite, Apt #, etc. Street Apt. #, etc.
 22 Fort Lauderdale, FL 27 Fort Lauderdale,
 City & State City & State
 23 Fort Lauderdale 28 Florida
 Zip Country Zip Country
 24 33312 25 33312 30

3. Date Incorporated or Qualified
 1968

4. FEI Number Applied For
 591220749 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

10. Name and Address of New Registered Agent
 FRANK DEC
 2981 SW. 22 St
 Fort Lauderdale, FL 33312-4356

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 FRANK DEC President
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
 hunsz 12/1/99 DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	FRANK DEC	
STREET ADDRESS	2981 SW 22 St	33312-4356
CITY-ST-ZIP	Fort Lauderdale, FL	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	FRANK DEC	
STREET ADDRESS	2981 SW 22 St	
CITY-ST-ZIP	Ft. Lauderdale, FL	33312-4356
TITLE	Secretary - Treas.	<input type="checkbox"/> DELETE
NAME	ELAINE DEC	
STREET ADDRESS	2981 SW 22 St.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	33312-4356
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800003069998--9
1.4 CITY-ST-ZIP	-12/14/99--01097--005
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	***758.75
2.3 STREET ADDRESS	***758.75
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Dec
 Signature and typed or printed name of signing officer or director
 10/26/99 954
 Date Daytime Phone #
 587-6975

CR2E034 (5/99)