SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTE BER 30, 1998. **FILED** AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN TE: \$750). Jul 09 1998 8:00am PROFIT FLORIDA DEPARTMENT CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPOR **DOCUMENT #** (6) **BLOOM ELECTRICAL INC** Principal Place of Business Mailing Address 78 EDENLAWN TERR. 78 EDENLAWN TERR. WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/22/1970</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1302413 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLOOM, JOHN E **78 EDEN LAWN TERR** Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 R3 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE PD 1.5 TITLE DELETE Change Addition

**BLOOM, JOHN E** NAME 1.2 NAME 78 **ED**ENLOWN TERRACE STREET ADDRESS 1.3 STREET ADDRESS weşt Palm Beach Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change \_\_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (5/98)