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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 412220 (6)

1. Corporation Name
WORLD ELECTRIC SUPPLY AND LIGHTING, INC.



Principal Place of Business
15500 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33162

Mailing Address
15500 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33162-8034

3. Date Incorporated or Qualified 11/06/1972	3a. Date of Last Report 03/11/1996
4. FEI Number 59-1423219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite Apt # etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

ALPERT, MILDRED
15500 WEST DIXIE HWY
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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: *Mildred Alpert* (NOTE: Registered Agent signature required when reinstating) DATE: 1/12/97

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	ALPERT, MILDRED	
STREET ADDRESS	15335 W DIXIE HWY	
CITY - ST - ZIP	N. MIAMI FL 33162	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROGOFF, ROBIN	
STREET ADDRESS	15335 W DIXIE HWY	
CITY - ST - ZIP	N. MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, BETH I	
STREET ADDRESS	15335 W DIXIE HWY	
CITY - ST - ZIP	N. MIAMI FL 33162	
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	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 do 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.

SIGNATURE: *Mildred Alpert* DATE: 1/12/97 DAYTIME PHONE #: 305-949-6336

CR2E034 (9/96)