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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Į.	JAL REPORT Secretary of State  1997 DIVISION OF CORPORATIONS			Secretary of State		
1. Corporatio	MENT # 447762 LECTRIC, INC.	2 (6)				
Dage	ELOTHIO, INO.					
Principal Place of Business 1193 CARLTON DRIVE MELBOURNE FL 32935		Mailing Address 1183 CARLTON DRIVE MELBOURNE FL 32035-4203		I MANUL BIGH ANDW MENN HOUSE DAVID HED OVER BIGHT BIGHT BIGHT BIGHT NEET		
				3. Date Incorporated or Qualified 03/18/1974	3a. Date of Last Re 04/30/1996	eport
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1516850	No	plied For t Applicable
Suite Apt. # etc. 22		Suile, Apt. #, etc.		5. Certificate of Status Desired	S \$8.75 A Fee Re	
City & Stat	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
7(p	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. Yes No	199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
	LIAMS, CHARLES A.		81 Name		•	
				ress (P.O. Box Number is Not Acceptal	ole)	
MEL	Bourne Fl		83			
†			103			
]			84 City		FL 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es the above-named cor	poration submits this statement for the		s registered
office or I	registered agent, or both, in the Stal am familiar with, and accept the obli	te of Florida. Such change was a	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	are the limbs with and docept the olds	gations of, decidition contool, the	onou otatutos.			{
SIGNATURE	Signature, typed or jici tira name of registered a		E. Registered Agent signature requ		DATE	
12,	F 75.55	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
7111.6	PD DANIELS COREDT E	DELETE	1.1 TITLE		L Change	Addition
NAME OZNASI ASUBASA	DANIELS,ROBERT F.		1,2 NAME			,
STREET ADDRESS CITY-ST-ZIP	NO. MELBOURNE FL		1.3 STREET ADDRESS 1.4 City-ST-ZiP			
Title	110.11111111111111111111111111111111111	DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			}
CITY-ST ZIP			2 4 CITY-ST-ZIP			
TIDLE		☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME			3.2 NAME .			[
STHELT ADDRESS			3.3 STREET ADDRESS	•		ļ
CITY ST-7IP		Decete	3.4. CITY-ST-ZIP		Change	☐ Addition
TITLE NAME		□ phreig	4.1 TITLE 4 2 NAME		Fra Countie	- Francion
STREET ADDRESS			4.3 STREET ADDRESS			
DITY-S7-ZIP			4.4 CITY - ST - ZIP			}
71118		DELETE	5.1 TITLE	<del>, , , , , , , , , , , , , , , , , , , </del>	Change	Addition
NAMe			5.2 NAME			Ì
STREET ADDRESS			5 3 STREET ADDRESS			
CIFY-ST ZIF			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	L. Change	Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			į

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.

**FILED** 

May 02 1997 8:00am