

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **454548** (9)

1. Corporation Name
PALM BEACH ELECTRIC, INC.



Principal Place of Business: **1400 ALABAMA AVE. SUITE 3 WEST PALM BCH. FL 33401**
Mailing Address: **1400 ALABAMA AVE. SUITE 3 WEST PALM BCH. FL 33401**

3. Date Incorporated or Qualified: **06/11/1974**
3a. Date of Last Report: **08/25/1995**
4. FEI Number: **59-1679973**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **2000 N. Florida Mango Rd**
Suite, Apt. #, etc.: **Suite 102**
City & State: **West Palm Beach, FL**
Zip: **33409** Country: **USA**
2a. Mailing Address
26 **2000 N. Florida Mango Rd**
Suite, Apt. #, etc.: **Suite 102**
City & State: **West Palm Beach, FL**
Zip: **33409** Country: **USA**

9. Name and Address of Current Registered Agent: **NEFF, DANIEL E 1400 ALABAMA AVE, STE 3 W PALM BCH FL 33401**
10. Name and Address of New Registered Agent
81 Name: **Daniel E. NEFF**
82 Street Address (P.O. Box Number is Not Acceptable): **2000 N. Florida Mango Rd Suite 102**
83
84 City: **West Palm Beach** FL 85 Zip Code: **33409**

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: *[Signature]* **Daniel E. NEFF President** DATE: **4/24/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD <input checked="" type="checkbox"/> DELETE	NAME: NEFF, NEAL J	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 123 EXECUTIVE CIRCLE	CITY-ST-ZIP: BOYNTON BEACH FL	1.2 NAME:	
TITLE: D <input type="checkbox"/> DELETE	NAME: MCBANE, LOUIS R	1.3 STREET ADDRESS:	
STREET ADDRESS: 515 N. FLAGLER DR.	CITY-ST-ZIP: W. PALM BEACH FL	1.4 CITY-ST-ZIP:	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: NEFF, PAULINE M.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 123 EXECUTIVE CIRCLE	CITY-ST-ZIP: BOYNTON BEACH FL	2.2 NAME:	
TITLE: PTD <input type="checkbox"/> DELETE	NAME: NEFF, DANIEL E.	2.3 STREET ADDRESS:	
STREET ADDRESS: 1531 HOLLYHOCK RD.	CITY-ST-ZIP: W. PALM BEACH FL	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: Holly A. NEFF	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS: 1531 Hollyhock Rd	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: W. Palm Beach, FL 33414	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Daniel E. NEFF President** DATE: **4/24/96** DAYTIME PHONE: **407-683-5222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)