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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	n Name ISAL ELE	CTRIC SOUTH	EASTERN, IN		·				
Principal Plac		S	•	Mailing Address			***************************************	111 G1411 A1411 A1411 61411 1841	
4813 SQUIRES DR. TITUSVILLE FL 32786				4813 SOUIRES DR. Titusville fl 32796					
HIDSAILLE PL 92780			11103	THUSTILLE FL S2780			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							04/01/1975		
2. Principal P	lace of Busin	iess	<u> </u>	2a. Mailing Address			4. FEI Number	Applied For	
21	. •		26				59-1578804	Not Applicable	
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e			City & State			6 Clastica Canada Espaina		
23	•		· ·	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip		Country	Zip		Country	,	8. This corporation owes or has paid the o		
24	25			29 30			Personal Property Tax due June 30.	🔀 Yes 🗌 No	
	9, Name	and Address of Cu	rrent Registere	d Agent			10. Name and Address of New Registere	d Agent	
DAI	NN, RAY J.				81	Name			
4813 SQ UIRES DRIVE						Street Add	dress (P.O. Box Number is Not Acceptable)		
TITUSVILLE FL 32798									
					83	ŀ			
					84	City		85 Zip Code	
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab							F		
office or r	egistered ag	ent, or both, in the S th, an d a ccept the o	tate of Florida. S	uch change was	authorized by	v the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	or changing its registered opointment as registered	
SIGNATURE				·					
12.	Signature, typeo	or printed name of registere Of FICERS	AND DIRECTOR				ADDITIONS/CHANGES TO OFFICERS AI	ID DIRECTORS IN 12	
TITLE	PD	OTTOETTO	714070711111111111111111111111111111111	DELETE		1	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	DANN, R	AY J.		DELETE					
STREET ADDRESS		UIRES DRIVE		1		ADDRESS			
CiTY-ST-ZIP	TITUSVIL	LE FL				5T - ZIP			
TITLE	ST DELETE							Change Addition	
NAME		iaxine R.		2 2 NAME					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						ST-ZIP			
TITLE	.				3.1 TITLE			Change Addition	
NAME					32 NAME				
STREET ADDRESS					33 STREET	į į			
CITY-ST-ZIP TITLE				DELETE	3.4. C(TY - S	ST-ZIP		Change Addition	
					4 1 TITLE			☐ change ☐ Addition	
NAME STREET ADDRESS					4. 2 NAME 4.3 STREET	921000A			
City-SI-ZIP					4.4 City - S				
TITLE				DELETE	51 TITLE	1 - EIT		Change Addition	
NAME					5.2 NAME			-	
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY - S				
ŦITLE				DELETE	6.1 T(TLE			Change Addition	
NAME					6.2 NAME				
STREET ADDRESS	•				6.3 STREET	ADDRESS			
CITY-ST-7IP					64 CITY S	7 710			

14. Thereby 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 attackment with an address.

FILED

Feb 17 1998 8:00am

Secretary of State