

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 480250

1. Corporation Name

LIND ELECTRIC, INC.

(0)

Principal Place of Business

4337 NW 167TH STREET
MIAMI FL 33055-1310

Mailing Address

4337 NW 167TH STREET
MIAMI FL 33055-4310

2. Principal Place of Business

21 4337-4339 N. W. 167 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 4337-4339 N. W. 167TH ST.
Suite, Apt. #, etc.

22 City & State

23 Zip

24 County

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

LIND, GEORGE
651 SW 99TH AVE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified 07/09/1975	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1623145	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 of officer, director, or registered agent (if other than applicant) (NOTE: Registered Agent signature required when reinstating)		DATE
12. TITLE	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE		1.2 NAME	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE		1.4 CITY, ST, ZIP	
NAME	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE		2.2 NAME	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE		2.4 CITY, ST, ZIP	
NAME	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE		3.2 NAME	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE		3.4 CITY, ST, ZIP	
NAME	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE		4.2 NAME	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE		4.4 CITY, ST, ZIP	
NAME	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE		5.2 NAME	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE		5.4 CITY, ST, ZIP	
NAME	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE		6.2 NAME	
CITY, ST, ZIP	<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE		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:

Sonja M. Lind

MARCH 21, 1997

(305)

620-5769

Date

Daytime Phone #

1112007

CR2E034 (9/96)