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

CITY-ST-ZIP

Block 12 or Block 13 if change

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1**9**98 DIVISION OF CORPORATIONS 98 JUN 15 AM 1: 49 DOCUMENT # 539187 (5)SECRE LARY OF STATE TALLAHASSEE, FLORIDA C. & R. ELECTRIC CORP. Principal Place of Business Mailing Address 555 NW 47 AVE 555 NW 47 AVE PO BOX 1146 PO BOX 1146 DO NOT WRITE IN THIS SPACE **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 3. Date Incorporated or Qualified 07/07/1977 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1799285 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 30 Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOULD, EMILY R. ***536 NW** 50TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 84 City Zip Code 85 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: typed or prefed content in gestilled apent and this it approaches (NOTE: Registered Agent signature required when reinstating) OF LICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change_ TITLE STD 500002566 ROSENBERG, CHESTER 12 NAME NAME -06/19/98--01113--001 555 N.W. 47TH AVE. STREET ADDRESS 1.3 STREET ADDRESS ****150.00 ****150.00 **DELRAY BEACH FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DP **GOULD, EMILY** 22 NAME NAME STREET ADDRESS 536 N.W. 50TH AVENUE 23 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY-S1-ZIP ☐ Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 1111,8 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or grant attentions and director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes or grant attentions.

(10/97)

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C.R ELECTRIC CORP.

1915

555 N.W.47th. Avenue

Delray Bch. Fla.33445

June 1, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for payment of corporate filing fees for C & R. Electric.

I realize that fees were due by 5/1/98 but due to the death of my wife (copy of Death Certificate enclosed)I was unable to meet the deadline.

My wife suffered a prolonged illness and I (and my daughter Emily Gould) were her care givers. After her death, it is customary in our religion to observe a one month period of morning. During this difficult and trying time many business obligations were at a standstill.

I ask for your understanding and compassion and respectfully request that you grant a grace period and accept payment of \$150.00 and not impose a penalty.

If any other verification is required (a letter from my Rabbi, to attest to the above hardship, please contact me as soon as possible.

Thank you for your understanding, compassion and consideration.

pestes Cosenlier Chester Rosemberg STD C & B Flactric Corn