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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826780 (9)
 1. Corporation Name
SOUTHERN ELECTRIC SUPPLY COMPANY, INC.



Principal Place of Business 301 46TH COURT MERIDIAN MS 39301	Mailing Address C/O REXEL, INC. 150 ALHAMBRA CIRCLE, STE 900 CORAL GABLES FL 33134-4527 US
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3. Date Incorporated or Qualified 09/21/1971	3a. Date of Last Report 05/06/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 64-0283323	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**O'KEEFE, JEFFREY A.
 500 BROWARD BLVD.
 SUITE 1000
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD	NAME VIRY, ALAIN C	STREET ADDRESS 150 ALHAMBRA CIRCLE, STE 900	CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE PD	NAME HOGAN, TIMOTHY D.	STREET ADDRESS 301 46TH COURT	CITY-ST-ZIP MERIDIAN MS	<input type="checkbox"/> DELETE
TITLE V	NAME ALTSHULER, JULES	STREET ADDRESS 301 46TH COURT	CITY-ST-ZIP MERIDIAN MS	<input type="checkbox"/> DELETE
TITLE TS	NAME LEVEILLE, PAUL	STREET ADDRESS 301 46TH COURT	CITY-ST-ZIP MERIDIAN MS	<input type="checkbox"/> DELETE
TITLE VD	NAME MERSON, ROBERT M	STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 900	CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE VD	NAME FULLERTON, JON O	STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 900	CITY-ST-ZIP CORAL GABLES FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS	1.2 NAME TOMASSO, JOHN	1.3 STREET ADDRESS 150 ALHAMBRA CIRCLE, STE 900	1.4 CITY-ST-ZIP CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Tomasso DATE: 4/3/97 (305) 446-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)