

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 853109 (7)**

1. Corporation Name  
**CONTI ELECTRIC INC.**

Principal Place of Business <b>313 WEST GIRARD                  MADISON HEIGHTS MI 48071                  US</b>	Mailing Address <b>313 WEST GIRARD                  MADISON HEIGHTS MI 48071                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6417 CENTER DRIVE</b>	22 Suite, Apt. #, etc.	26 <b>6417 CENTER DRIVE</b>	27 Suite, Apt. #, etc.	<b>06/09/1982</b>	
23 City & State <b>STERLING HEIGHTS, MI</b>		28 City & State <b>STERLING HEIGHTS, MI</b>		4. FEI Number <b>38-1884765</b>	
24 Zip <b>48312</b>	25 Country <b>USA</b>	29 Zip <b>48312</b>	30 Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CONTI, JOHN A.                  8900 WASHINGTON BLVD., H.T. 103A                  PEMBROKE PINES FL 33025</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONTI, JOHN A.</b>	1.2 NAME	
STREET ADDRESS	<b>313 WEST GIRARD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON HEIGHTS MI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONTI-DUHAME, AMANDA</b>	2.2 NAME	
STREET ADDRESS	<b>313 WEST GIRARD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON HEIGHTS MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUERGENS, H. MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>313 WEST GIRARD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON HEIGHTS MI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONTI, ANDREW</b>	4.2 NAME	
STREET ADDRESS	<b>313 WEST GIRARD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON HEIGHTS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 A. Conti* **JOHN A. CONTI, DIRECTOR** 4/22/98 (810) 274-0505

CR2E034 (10/97)