FIL	E NOW:	FILING FEE A	FTER MAY 1ST	IS	\$550	0.0	D	EII	EI		
PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 16 1998 8:00am Secretary of State					
	MENT on Name		5 (7)					Secretar	y C	пы	aic
SON-G	SLO ELEC	TRIC, INC.									
Principal Place of Business Mailing Address								<u>-</u>			
10466 SW 17 DR 10466 SW 17 DR											
DAVIE FL 33324 DAVIE FL 33324 US US								DO NOT WRITE	IN THIS	SPACE	
								3. Date Incorporated or Qualified	IN IT IIC	OF AUL	
Principal Place of Business								10/29/1980			
2. Principal i	Place of Busin	hess	2a. Mailing Address					4. FEI Number			pplied For
Suite, Apt	#, etc.		Suite, Apt. #, etc.					59-2104628			ot Applicabl Additional
22 27								5. Certificate of Status Desired			equired
City & Sta	City & State	State				6. Election Campalgn Financing			May Be		
Zip		Country	Zip Country					Trust Fund Contribution	<u> </u>		to Fees
24					0			 This corporation owes or has pai Personal Property Tax due June 			tangible] No
		and Address of Current	Registered Agent					10. Name and Address of New Rec	jistered	Agent	
	JNN, ROBEI				81	Na	me 				
ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE., SSTE 500					82	Str	eet Addre	ss (P.O. Box Number Is Not Acceptable	le)		
		BEACH FL 33402			83					 	
					84	Cit	,			85 Zip	Code
11 Durayant	to the provint	een of Continue CO7 0500	and COT 4500. Florida Ovel	4			•		FL	_ ' ' '	
office or agent. I a	registered ag am familiar wi	ent, or both, in the State of the and accept the obligat	and 607.1506, Florida Stati of Florida. Such change was ions of, Section 607.0505, F	utes, t auth lorida	ine abov orized b a Statute	e-nan y the s.	nea corpo corporatio	oration submits this statement for the pu on's board of directors. I hereby accep	rpose of t the app	of changing is pointment as	ts registered registered
SIGNATURE	Signature, typed	or printed name of registered agent	and title if eoplicable. (NC	TE Re	nistered An	eat slan	atura romáreo	d when reinstating)	DATE		
12. OFFICERS AND DIRECTORS					13.			ADDITIONS/CHANGES TO OFFICE		D DIRECTOR	R\$ IN 12
TITLE	PD	250 (1001)	DELETE		1.1 TITLE					Change	Addition Addition
NAME STREET ADDRESS		DER, GLORIA J. .W. 17 DRIVE			1.2 NAME						
CITY-ST-ZIP	DAVIE FI			ı	1.3 STREET		SS				
TITLE	STD		☐ DELETE	1	2.1 TITLE) - 2IF				Change	Addition
NAME		DER, TED N			2.2 NAME					_ •	
Street address		.W. 17 DRIVE		ı	2.3 STREET	ADDRE	ss				
CITY-ST-ZIP TITLE	DAVIE FI	<u> </u>	☐ DELETE	_	2 4 C/TY-:	ST-ZIP		-1	٠ <u>٠</u> او ډېر	Channa	A date
NAME			ماعتداد لي		3.2 NAME					L Change	Addition
STREET ADDRESS					3.3 STREET	ADDRE	ss				
CITY-ST-ZIP					3.4. CITY-5	ST-ZIP					
TITLE			DELETE		4.1 TITLE					Change	Addition
NAME STREET ADDRESS					4. 2 NAME	ADDDC	.				

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETÉ

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS.

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

(954)472-3707 1-10-98

☐ Change

___ Change

___ Addition

Addition