PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # F50932			(5)								-	
	LECTRIC, INC.											
rincipal Place of Business  5201 NW 15TH ST BLDG C-1 MARGATE FL 33063			Mailing Address  5201 NW 15TH STREET BLDG C-1 MARGATE FL 33063									
US US	33003		US				3.	Date Incorporated or Qualified 10/23/1981	3a. Date	06/30/		
. Principal Place	e of Business		Mailing Address				4.	FEI Number 59-2132424	1		Applied Not Ap	d For plicable
Suite, Apt #.	etc.	26	Suite, Apt. #, etc.				5.	. Certificate of Status Desired		<b>—</b> —	75 Addit e Require	
City & State			City & State				6	Election Campaign Financing     Trust Fund Contribution			00 May	
Zip	Country 25	28 29	Zip	Coun	try		- 1	. This corporation has liability for	□ No	ax under		
5220 NV MARGAT	OSEPH P V 27TH STREET TE FL 33063  the provisions of Sections 607.050 b agent, or both, in the State of Flor	2 and 6	07 1508. Florida Statutos,		83 84	City		P.O. Box Number is Not Acceptate submits this statement for the purposectors. Thereby accept the appropriate statement for the purposectors.	FL mose of ch	anging it	Zip Code ts registe red agen	ered office
familiar with	, and accept the obligations of Sec	uan <b>6</b> 0.	.0005, Florida Statutes						DAle			· ·- ···
S	graf via types or proted same aftergisses. Fallis OFFICERS AN			Registered.	Ajer	Esgoatore re-	jure Livinos	ADDITIONS/CHANGES TO OFF		D DIREC	TORS IN	. 12
12. TITLE NAME STREET ADDRESS	PD Papa, Joseph P 5220 NW 27TH Street		DETELE	1 111 12 NA 13 SI	ME Ree f	ADDRESS				Chari	ge 🗀	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PAPA, DONNA JO 5220 NW 27TH STREET		☐ DELFTE		1.4 C(1Y - ST - 7:P) 2.1 T(TUE) 2.2 NAME. 2.3 STREET ADDRESS 2.4 C(TY - ST - 7:P)					Chan	ge 🔲	Addition
CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS	MANAGERE		☐ DELETE	3 1 II 32 N/ 33 S	THE TREE					Chan	ge 🔼	, Addition
DITY-SI-7IP TITLE NAME STREET ADDRESS	,,		□ DELETE	4 1 T 4 2 N 4 3 S	ISLE AME SREET	ADDRESS	.,			☐ Char	ngè 🔲	Addition
CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS			☐ DELETE		4 4 CITY ST-7IP 5 1 T.ILE 5 2 NAME . 5 3 STREET ADDRESS 5 4 CITY - ST-7IP		Change   Addition   SOOOO1846855   -06/03/9601012010   ***200.00					
TITLE NAME			☐ DELETE	6 1 1 6 2 N	LTLE IAME	LADORESS			$\sim$ 1	913		Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

| SIGNATURE | SIGN

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