	PROFIT PRORATION IUAL REPORT <b>1998</b>			Sandra I Secreta	RTMENT OF STATE <b>B. Mortham</b> ary of State CORPORATIONS	Feb 02 Secre			
	IMENT # on Name L ELECTRIC, IN	F7928	5	(5)					
				<u></u>	<u></u>				
	ce of Business			ing Address			N DEMAR LOORS NELL AT	INTA MEMAL DEMEK MEMIL M	1918 OTA15 ED41
220 NE 1ST DELRAY BCI				NE 1ST ST. RAY BCH FL 33444		DO 3. Date Incorporated o	NOT WRITE IN	THIS SPACE	
	·				<u></u>	04/19/1982	·		<u></u>
2. Principal I	Place of Business		2a. M	Aailing Address		4. FEI Number 59-2201282			Applied For Not Applicab
Suite, Apt	. #, etc.	<u>.                                    </u>	S	ulte, Apt. #, etc.	<u> </u>	5. Certificate of Status	Desired [	-1 \$8.75	Additional
22 City & Sta	ite	<u> </u>	27	ty & State		6. Election Campaign F		Fee	Required
23	<u></u>	·	28	· · ·		Trust Fund Contribut			O May Be to Fees
Zip 24	Co [25]	untry	29 Zi	ip	Country -	8. This corporation owe Personal Property Ta	•		ntangible
<u>~</u>	9, Name and Ac	dress of Curren		red Agent		10. Name and Address			<u>يەرىلى ئەتتى بىيە</u> <u>قۇمەر بىر يەر يەتتى</u>
	NNEN, JANET				81 Name	المراجع والارتسان المراجع بمساد مراجع	an tradition of the		<u> 10 - 10 - 1</u>
	20 ne 1st st. Elray BCH FL 334				82 Street Ad	dress (P.O. Box Number Is No	ot Acceptable)		
		144			1 1				
		444			83	م <u>لارد بالار مار دوست بلغ مار مرست می .</u>	<u>⊸na 4</u>	<u> </u>	fine ( bigger annual " "fo
-			2 and 607. of Florida. ations of, S	1508, Florida Statut Such change was i jection 607,0505, Fl	84 City	orporation submits this statem ration's board of directors. I he	ent for the purp preby accept th	FL 85 Zip	Code its registered s registered
-		Sections 607.050 both, in the State accept the obliga	ent and little If ap	ppicable. (NOT	84 City	orporation submits this statem ration's board of directors. I he quired when refragang) AQDITIONS/CHANGE		<b>FL</b> 85 Zip hose of changing he appointment a	Code its registerec s registered
11. Pursuant office or agent. I & SIGNATURE 12. TILE	to the provisions of a registered agent, or am familiar with, and Stanature, typed or printed VP	Sections 607.050 both, in the State accept the obligation of FICERS AND	ent and little If ap	ppicable. (NOT	84 City   les, the above-named oc authorized by the corpor orida Statutes.   TE: Registered Agent signature rec   13.   1.1 TITLE	quired when relastation		<b>FL</b> 85 Zip hose of changing he appointment a	Code its registerec s registered
11. Pursuant office or agent. I e SIGNATURE 12. TITLE NMME	to the provisions of a registered agent, or am familiar with, and Stanature, upped or printed VP ONNEN, TIM D	Sections 607.050 both, in the State accept the obligation of FICERS AND	ent and little If ap	ppficable. (NOT	B4 City Es, the above-named oc authorized by the corpor orida Statutes. TE: Registered Agent signature rec 13- 1.1 TITLE 12 NAME	quired when relastation		FL 85 Zir nose of changing he appointment a AME S AND DIRECTO	Code its registered s registered
11. Pursuant office or agent. I & SIGNATURE 12. TILE	to the provisions of a registered agent, or am familiar with, and Stanature, typed or printed VP	Sections 607.050 both, in the State accept the obligation OFFICERS AND STREET	ent and little If ap	ppficable. (NOT	84 City   les, the above-named oc authorized by the corpor orida Statutes.   TE: Registered Agent signature rec   13.   1.1 TITLE	quired when relastation		FL 85 Zir nose of changing he appointment a AME S AND DIRECTO	Code its registered s registered
11. Pursuant office or agent. I e SIGNATURE 12. TIRLE NAME STREET ADDRESS GITY-ST-2IP TIRLE	to the provisions of a registered agent, or am familiar with, and Stanature, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP	Sections 607.050 both, in the State accept the obligation OFFICERS AND OFFICERS AND STREET H FL	ent and little If ap	ppficable. (NOT	84     City       tes, the above-named cc authorized by the corpor orida Statutes.     1       TE: Registered Agent signature rec 13.     1.1 TITLE       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.1 TITLE	quired when relastation		FL 85 Zir nose of changing he appointment a AME S AND DIRECTO	Code its registered s registered
11. Pursuant office or agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	to the provisions of a registered agent, or am familiar with, and Stanative, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE	Sections 607.050 both, in the State accept the obligation OFFICERS AND OFFICERS AND STREET H FL	ent and little If ap	DELETE	84     City       tes, the above-named co authorized by the corpor orida Statutes.     1       TE: Registered Agent signature re- 13.     1       1.1. TITLE     1       1.3. STREET ADDRESS     1.4 CITY-ST-ZIP	quired when relastation		EL 85 Zir nose of changing the appointment a MIE S AND DIRECTO Change	Code its registered s registered
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	to the provisions of a registered agent, or am familiar with, and Stanative, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap	DELETE	84     City       tes, the above-named cc authorized by the corpor orida Statutes.     1       E: Registered Agent signature re- 13.     1.1 TITLE       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP	quired when relastation		B5 Zip   osee of changing the appointment a   SAND DIRECTO   Change	Code Its registered sregistered Sistered Sistered Addition Addition
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap	DELETE	84 City   tes, the above-named oc authorized by the corpor orida Statutes.   13   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TITLE   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TITLE	quired when relastation		EL 85 Zir Iose of changing the appointment a DATE S AND DIRECTO Change	Code Its registered sregistered Sistered Sistered Addition Addition
11. Pursuant office or agent. I a SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap	DELETE	84     City       tes, the above-named cc authorized by the corpor orida Statutes.     1       E: Registered Agent signature re- 13.     1.1 TITLE       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP	quired when relastation		B5 Zip   osee of changing the appointment a   SAND DIRECTO   Change	Code Its registered sregistered Sistered Sistered Addition Addition
11. Pursuant office or agent. I c SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84     City       tes, the above-named cc authorized by the corpor orida Statutes.     1       11.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 NAME       3.2 STREET ADDRESS     3.4 CITY-ST-ZIP	quired when relastation		B5 Zip   lose of changing the appointment a   SAND DIRECTO   Change   Change	Code Its registered s registered S IN 12 Addition Addition Addition
11. Pursuant office or agent. I c SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap	DELETE	84 City   tes, the above-named cc authorized by the corpor orida Statutes.   13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TITLE   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TITLE   3.2 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4. CITY-ST-ZIP   4.1 TITLE	quired when relastation		B5 Zip   osee of changing the appointment a   SAND DIRECTO   Change	Code Its registered sregistered Sistered Sistered Addition Addition
11. Pursuant office or agent. I e SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84     City       tes, the above-named cc authorized by the corpor orida Statutes.     1       11.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 NAME       3.2 STREET ADDRESS     3.4 CITY-ST-ZIP	quired when relastation		B5 Zip   lose of changing the appointment a   SAND DIRECTO   Change   Change	Code Its registered s registered S IN 12 Addition Addition Addition
11. Pursuant office or agent. 1 & SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84   City     tes, the above-named oc authorized by the corpor orida Statutes.     TE: Registerid Agent signature rec- 13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP     2.1 TITLE     2.2 NAME     2.3 STREET ADDRESS     2.4 CITY-ST-ZIP     3.1 TITLE     3.2 STREET ADDRESS     3.4 CITY-ST-ZIP     3.1 TITLE     3.2 STREET ADDRESS     3.4 CITY-ST-ZIP     4.1 TITLE     4.2 NAME     4.3 STREET ADDRESS     4.4 CITY-ST-ZIP     4.1 TITLE     4.3 STREET ADDRESS     4.4 CITY-ST-ZIP	quired when relastation		B5 Zip   lose of changing appointment a   SAND DIRECTO Change   Change Change   Change Change	Code Its registered s registered S IN 12 Addition Addition Addition
11. Pursuant office or agent. 1 e SIGNATURE 12. 17TLE STREET ADDRESS CITY-ST-ZIP 17TLE NAME STREET ADDRESS CITY-ST-ZIP 17TLE NAME STREET ADDRESS CITY-ST-ZIP 17TLE	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84   City     tes, the above-named oc authorized by the corpor orida Statutes.     TE: Registerid Agent signature rec- 13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP     2.1 TITLE     2.2 NAME     2.3 STREET ADDRESS     2.4 CITY-ST-ZIP     3.1 TITLE     3.2 STREET ADDRESS     3.4 CITY-ST-ZIP     3.1 TITLE     3.2 STREET ADDRESS     3.4 CITY-ST-ZIP     4.1 TITLE     4.2 NAME     4.3 STREET ADDRESS     4.4 CITY-ST-ZIP     5.1 TITLE     5.1 TITLE	quired when relastation		B5 Zip   lose of changing the appointment a   SAND DIRECTO   Change   Change	Code Its registered s registered S IN 12 Addition Addition Addition
11. Pursuant office or agent. 1 e SIGNATURE 12. 17TLE STREET ADDRESS CITY-ST-ZIP 17TLE NAME STREET ADDRESS CITY-ST-ZIP 17TLE NAME STREET ADDRESS CITY-ST-ZIP 17TLE NAME	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84   City     tes, the above-named oc authorized by the corpor orida Statutes.     TE: Registerid Agent signature rec- 13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP     2.1 TITLE     2.2 NAME     2.3 STREET ADDRESS     2.4 CITY-ST-ZIP     3.1 TITLE     3.2 STREET ADDRESS     3.4 CITY-ST-ZIP     3.1 TITLE     3.2 STREET ADDRESS     3.4 CITY-ST-ZIP     4.1 TITLE     4.2 NAME     4.3 STREET ADDRESS     4.4 CITY-ST-ZIP     4.1 TITLE     4.3 STREET ADDRESS     4.4 CITY-ST-ZIP	quired when relastation		B5 Zip   lose of changing appointment a   SAND DIRECTO Change   Change Change   Change Change	Code Its registered s registered S IN 12 Addition Addition Addition
11. Pursuant office or agent. 1 E SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84 City   les, the above-named oc authorized by the corpor orida Statutes.   TE: Registered Agent signature rec   13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TITLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   4.1 TITLE   4.2 NAME   4.3 STREET ADDRESS   3.4 CITY-ST-ZIP   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP	quired when relastation		B5 ZIF   xx1E xx1E   xx1E xx1E   Change xx1E	Code its registered sregistered FS IN 12 Addition Addition Addition Addition Addition Addition
11. Pursuant office or agent. 1 E SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84 City   les, the above-named oc authorized by the corpor orida Statutes.   TE: Registered Agent signature rec   13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TITLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   4.1 TITLE   4.2 NAME   4.3 STREET ADDRESS   3.4 CITY-ST-ZIP   4.1 TITLE   4.2 NAME   4.3 STREET ADDRESS   3.4 CITY-ST-ZIP   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   6.1 TITLE	quired when relastation		B5 Zip   lose of changing appointment a   SAND DIRECTO Change   Change Change   Change Change	Code Its registered s registered S IN 12 Addition Addition Addition
11. Pursuant office or agent. 1 E SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of a registered agent, or am familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET	ent and little If ap		84 City   les, the above-named oc authorized by the corpor orida Statutes.   TE: Registered Agent signature rec   13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   2.1 TITLE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   4.1 TITLE   4.2 NAME   4.3 STREET ADDRESS   3.4 CITY-ST-ZIP   5.1 TITLE   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP	quired when relastation		B5 ZIF   xx1E xx1E   xx1E xx1E   Change xx1E	Code its registered sregistered FS IN 12 Addition Addition Addition Addition Addition Addition
11. Pursuant office or agent. I e SIGNATURE 12. TITLE NAME STREET ADDRESS GITY-ST-2IP TITLE NAME STREET ADDRESS GITY-ST-2IP TITLE NAME STREET ADDRESS GITY-ST-7IP TITLE NAME STREET ADDRESS GITY-ST-7IP TITLE NAME STREET ADDRESS GITY-ST-7IP TITLE STREET ADDRESS GITY-ST-7IP	to the provisions of 1 em familiar with, and Stanetive, typed or printed VP ONNEN, TIM D 220 N.E. 1ST S DELRAY BEAC DP ONNEN, JANE 220 N.E. 1ST S DELRAY BEAC	Sections 607.050 both, in the State accept the obliga OFFICERS AND STREET H FL STREET H FL			B4     City       les, the above-named oc authorized by the corpor orida Statutes.     City       T:     Registered Agent signature re- training to the corport orida Statutes.     City       13.     1.1 TITLE     12 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 STREET ADDRESS       3.4 CITY-ST-ZIP     3.1 TITLE       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       6.3 STREET ADDRESS     5.4 CITY-ST-ZIP       6.1 TITLE     5.2 NAME       6.3 STREET ADDRESS     5.4 CITY-ST-ZIP	quired when relastation		B5   Zip     lose of changing the appointment a     DATE     S AND DIRECTO     Change     Change	Code Its registered s registered S registered Addition Addition Addition Addition Addition Addition Addition