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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

G28397

(9)

DOCUMENT #
1. Corporation Name

21ST CENTURY ELECTRIC, INC.

Principal Place of Business Mailing Address						1 1691111 6616 11961 16166 (11(6))	1994 61611 6	*## ##################################	914 BIBII 87311 1831
	6TH AVENUE BEACH FL 33069		1530 N.W. 26TH AVENUE POMPANO BEACH FL 33069						
						3. Date Incorporated or Qualified 03/18/1983		of Last R 05/01/1	
2. Principal Place	ce of Business	2a. Mailing Address 26	. Mailing Address			59-2274813 Not Applica			Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. 27	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		City & State	1 · ·			6. Election Campaign Financing Trust Fund Contribution		Adde	O May Be d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for		ıx under s	199.032,
24	25	29	30]				i □No	 -	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New	Kegisterea	Agent	
				6'	name				
1530 N	MICHAEL T. .W. 26TH AVENUE				Street Add	ess (P.O. Box Number is Not Acceptable)			
POMPA	NO BEACH FL 33069			83					
				84	City		FL	85 Z	p Code
SIGNATURE	n, and accept the obligations of, Se signature, typed or printed name of registered ago			Agen	nt signature require	ed when reinstaling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
TITLE	P	☐ DELETE	1.17	ITLE			L	Change	Addition
NAME	YEARY, MICHAEL		1.2 N	AME	Į.				
STREET ADDRESS	1530 N.W. 26TH AVENUE		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL	FTI DELETE			ST-ZIP] Change	Addition
THILE		DELETE	2 1 1				L	_] Criange	☐ Addition
NAME			22 N		ADORESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP		☐ DELETE			11-71L	Change Addition			
NAME			3 1 T 3.2 N						
STHEET ADDRESS			33 S	TREE	T ADDRESS				
CITY - ST - ZIP			3.4 C	ITY-S	ST-ZIP				
TITLE		☐ DELETE		ITLE			I	□ Chançe	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	TREET	F ADDRESS				
CITY - ST - ZIP		ED DELETE		_	ST-ZIP			Change	Addition
TITLE		☐ DELETE	5 1 1					_l originfig	[Nontroll
NAME			52 N		T ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE	6.11		ST-ZIP			Change	Add tion
NAME		<u></u>	6.2 N						
STREET ADDRESS					T ADORESS				
CITY-SE-ZIP					SI - ZIP				
14. I do hereby certify that loath; that I	the information indicated on this ar	inual report or supplemental ani poratio n or the r eceiver or trusti	nished and nual report ee empowe	doe	es not qualify	for the exemption stated in Section 11 rate and that my signature shall have this report as required by Chapter 607,	e same leoa	enectas	ii made under

SIGNATURE:

CIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR D

Michael Yeary 4-27-94 505-974-54/2