SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G41796 (5)HOME ELECTRIC SERVICE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 8601 SW 121 ST. 8601 SW 121 ST MIAMI FL 33156 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1983 08/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2299832 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Flection Campaign Financing 23 28 Added to Fees Trust Fund Contribution $Z_{\rm IP}$ Zipi Country This corporation has hability for intangible tax under s. 199.032 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMAS, RANDALL J. 8601 S.W. 121ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 84 City 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: re-typed or proted name of registered agent and title if applicable (FOT), Registored Agent signature (quired when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)DELETE TITLE Change Addition 1.1 TITLE THOMAS, RANDALL J NAME 1.2 NAME **CR2E034** 8601 SW 121 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY - ST - ZIP 1.4 CITY - ST - ZIP THLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 HB F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 O(TY-\$*-ZIP DELETE THILE 4.1 TIPLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attaghment with an address.

6-20-96