## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #**1. Corporation Name

(4)

Mailing Address

ELECTRIC LINE ASSOCIATES, INC.

**FILED** Apr 14 1998 8:00am Secretary of State



Zip Code

85

9949 S.W. 12TH COURT FT. LAUDERDALE FL 33312				3949 S.W. 12TH COURT FT. LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 08/08/1983		
2.	2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26	]				<b>59-2308543</b> Not Applicable		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
23	City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24	Zip	Country 25	29	Zφ	30 Coi	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
3949 S.W. 12TH CT. FT LAUDERDALE FL 33312						81 82 83	Street Address (P.O. Box Number is Not Acceptable)			
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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.

City

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1. 《我们的知识的情况》对于这种的情况的,我们的情况是不可以有一种的情况的情况,我们就是一种最大的人,我们也是一个人,也可以是一个人,也可以是一个人,也可以是一个人,也可以是一个人,也可以是一个人,

SIGNATURE	Signature, typed or priofed name of registered agent and	Intho of second coulders (NOTE	Registered Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	Change Addition		
NAME	Katulka, Sandra		1,2 NAME			
STREET ADDRESS	3949 S.W. 12TH COURT		1.3 STREET ADDRESS			
City - St - ZIP	ft. Lauderdale fl		1.4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	KATULKA, MICHAEL		2.2 NAME			
STREET ADDRESS	3949 S.W. 12TH CT.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP	A		
TITLE	VP	☐ DELETE	3.1 TITLE	Change Addition		
NAME	KATULKA, PATRICK		3.2 NAME			
STREET ADDRESS	3949 S.W. 12TH CT		3.3 STREET ADDRESS			
CiTY-ST-ZIP	ft lauderdale fl		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CATY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
000/ 07 340			CARLY OF THE			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changon, or on an attachment with an address.

954-587-1781