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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H35730

(1)

KINETIC ELECTRIC, INC.

Apr 28 1997 8:00am Secretary of State

**FILED** 



C/O GARY W. FINK 8998 N. W. 105TH WAY MEDLEY FL 33178  2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Certificate of Euclidean Control	Applied For
Soulte, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Soulte, Apt #, etc.	03/05/1996 Pr Applied For
3. Date Incorp 12/27/19  Principal Place of Business 2a. Mailing Address 4. FEI Numbe 26 59-2477  Suite, Apt. #, etc. Suite, Apt. #, etc. 27	03/05/1996 Pr Applied For
26   59-247	76A4
<b>5.</b> Certificate of	
04 0 0	of Status Desired S8.75 Additional Fee Required
	ampaign Financing \$5.00 May Be Contribution Added to Fees
Zip Country Zip Country 8. This corpor	ration has liability for intengible tax under s. 199.032,
25 29 30 Fiorida Stat	
	Address of New Registered Agent
FINK, GARY W. 81 Name	
2159 BATON ROUGE 82 Street Address (P.O. Box Nur	mber is Not Acceptable)
FT LAUDERDALE FL 33326	
63	
B4 City	85 Zip Code
B4 City	FL 85 Zip Code
	DATE /CHANGES TO OFFICERS AND DIRECTORS IN 12
F PD DELETE 1.1 TITLE	Change Addi
POND, RONALD H. 12 NAME	
EF ACOURESS 3922 N.W. 168 TERR. 1.3 STREET ADDRESS	
SI-ZF OPA LOCKA FL 14 CITY-ST-ZIP	
VD DELETE 21 TITLE	Change Add
FINK, GARY W.	
ET ADDRESS 2159 BATON ROUGE 23 STREET ADDRESS 5.51.716 FT LAUDERDALE FL 23 STREET ADDRESS 2.4 CITY-S1-719	
21 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Change Add
PINNY OARVAN	Cuange C. Abo
FINN, GART W. 3.2 NAME STADDRESS 2159 BATON ROUGE 3.3 STREET ADDRESS	
ET LAUDEDDALE EL	
S1-2IF	Change Add
POND, RONALD H. 4.2 NAME	The state of the s
FLADDRESS 3922 NW 168 TERRACE 43 STREET ADDRESS	
STIZIP OPA LOCKA FL 44 CITY-ST-ZIP	
DELETE 5.1 TITLE	Change Add
Second Community of the Control of t	
5.2 NAME	
5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS	
16         5.2 NAME           EET ADDRESS         5.3 STREET ADDRESS           -S1-7P         5.4 CITY-ST-ZIP	Change Addi
	Change Addi
	Change Addi

4. I do nereby 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 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 changed, or on an attachment with an address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRIN

TED NAME OF SIGNING OFFICE

ROUALD H.

1/8/97

(305) 883-1177