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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP

STREET ADDRESS

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	L ELECTRIC OF BRAND	` '				1);
Principal Place	of Business	Mailling Address	<del>~</del>			DI BIDI DIDI ANDI BIDI 1801
12012 VERMILLION WAY P O BOX 1062 RIVERVIEW FL 33569 US		P O BOX 1062 P O BOX 1062 BRANDON FL 33509 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/27/1987	
2. Principal P	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number	Applied For
21		26			59-2807478	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc 27	c.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<i>Z</i> (p		untry	8. This corporation owes or has paid the o	· #_ ·
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Registere	d Agent
11. Pursuant f	THE FL 33509  BULL VELLULAN  Othe previsions of Sections 607.6  Segistered agent, or both, in the St m familiar with, and accept the of	0502 and 607.1508, Florida ( late of Florida, Such change	was authorize	ed by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
SIGNATURE	Signature, typed or printed name of registered	Lagorit and little if applicable	(NOTE: Register	ed Agrini signature requ	red when reinstating) DATE	
12.		AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS	PD RUSSELL, JOHN T. 12012 VERMILLION WAY RIVERVIEW FL	[_] DELET	1.21	NAME STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE	UIAEUAICAA LT	DELET		CITY - ST - ZIP		Change Addition
NAME		_ 5000		NAME		C Overlan C Manual
STREET ADDRESS			•	NAME STREET ADDRESS		
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NAME		_ ,,,,,		NAME		
CYPICY ADDOCCO				AUNIT T TOUGHT CO		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual upport 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 opinional months reported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13/if of angular contains a large ment with an address?

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.1 THLE

6.2 NAME

DELETE