SECUND NOTICE: CORPORATION WILL B AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF I PROFIT CORPORATION ANNUAL REPORT 1997		9/17/97: \$550 (IF DIS)	SOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED Sep 18 1997 8:00an Secretary of State						
DOCUMENT # K50865 (0) 1. Corporation Name (0) CHESLOSKY ELECTRIC, INC. Mailing Address Principal Place of Business Mailing Address 1340 BETMAR BLVD. 1340 BETMAR BLVD.												
NORTH FT. MYERS FL 33903 IS US US							DO NOT		IN THIS S	PACE		
03			05				3. Date I	ncorporated or Qu			e of Last	Report
		<u> </u>					12/1	5/1988		04/0	3/1996	
2. Principal P	lace of Business	5	2a. Mailing Address 26			4. FEI Number 65-0086028			Not Applied		Applied For Not Applicat	
Suite, Apt.	#, etc.		Suite, Apt. #, e	etc.				pate of Status Des	ired		\$8.75	Additional
City & State			27 City & State							ت 		Required
	5		28					n Campaign Finar und Contribution	ncing			O May Ele d to Fees
Zip		Country	Ζφ		Country		8. This c	prporation owes or			ent year l	ntangible
24	25 9. Name an	d Address of Currer	29 nt Registered Agent		30			al Property Tax di and Address of I				<u>No</u>
			*		81	Name						
CHE	SLUSKI, JAN	1LO M.										
409	slosky, Jan E North Sh	ore dr			82	Street Add	ress (P.O. Bo	Number is Not A	cceptat	ole)		
409	E NORTH SH					Street Ada	iress (P.O. Bo	Number is Not A	cceptat	oie)	***	
409	E NORTH SH	ore dr			83		tress (P.O. Bo	Number is Not A	.cceptat	ole)		
409 NOF	e north sh Rth fort my	ore dr Ers Fl 33917	2 and 607, 1508, Florida of Florida. Such chang ations of, Section 607.0	a Statute je was ai 1505, Floi	83 84	City				FL		o Code its registere
409 NOF	E NORTH SH RTH FORT MY to the provisions egistered agent m familiar with,	ORE DR ERS FL 33917 e of Sections 607.050 , or both, in the State and accept the oblig	2 and 607, 1508, Florida of Florida. Such chang ations of, Section 607,0 ent and the if applicable D DIRECTORS		83 84 s, the above uthorized by rida Statutes	City e-named cor the corpora	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o pt the appo	changing intment a	its register as registered
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p DP	ORE DR ERS FL 33917 a of Sections 607.050 , or both, in the State and accopt the oblig relied nemn of registered age OFFICERS AN	ont and this if applicable	(NOTE	83 84 s, the above uthorized by rida Statutes Registered Age	City e-named cor the corpora	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL burpose of o bit the appo DATE CERS AND	changing intment a	its register as registere DRS IN 12
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p OP CHESLOSK 409 E NOR	ORE DR ERS FL 33917 of Sections 607.050 or both, in the State and accopt the oblig OFFICERS AN Y, JAMES M. TH SHORE DR	ent and trie if applicable	(NOTE	83 84 s, the above uthorized by rida Statutes 13. 1.1 TIFLE 1.2 NAME 1.3 STREET	City 3-named cor the corpora nt signature required ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL burpose of o bit the appo DATE CERS AND	changing intment a	its registere is registered DRS IN 12
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with. Signature, typed or p OP CHESLOSKY	ORE DR ERS FL 33917 of Sections 607.050 or both, in the State and accopt the oblig OFFICERS AN Y, JAMES M. TH SHORE DR	ent and trie if applicable	(NOTE ETE	83 84 s, the above uthorized by rida Statutes Registered Age 13. 1.1 TIFLE 1.2 NAME	City 3-named cor the corpora nt signature required ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o bit the appo DATE CERS AND	changing intment a	its registered is registered DRS IN 12
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Stgneture, typed or p OP CHESLOSK 409 E NOR NORTH FT. ST CHESLOSK	ORE DR ERS FL 33917 s of Sections 607.050 , or both, in the State and accopt the oblig ofFICERS AN Y, JAMES M. TH SHORE DR MYERS FL Y, CYNTHIA J.	oni and the if amplicable	(NOTE ETE	83 84 rs, the above uthorized by rida Statutes 13. 1.1 TIFLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TIFLE 2.2 NAME	City - named corpora - the corpora - the corpora - nt signature requ ADDRESS - ZIP	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o bit the appo DATE CERS AND	DIRECTC	its register is registere DRS IN 12
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the if amplicable	(NOTE ETE	83 84 83 84 85 86 86 86 86 86 86 86 86 86 86 86 86 86	City 3-named corpora the corpora address T-ZIP ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o bit the appo DATE CERS AND	DIRECTC	its register is registere DRS IN 12
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Stgneture, typed or p OP CHESLOSK 409 E NOR NORTH FT. ST CHESLOSK	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the if amplicable	(NOTE ETE ETE	83 84 rs, the above uthorized by rida Statutes 13. 1.1 TIFLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TIFLE 2.2 NAME	City 3-named corpora the corpora address T-ZIP ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL Surpose of o bit the appo	DIRECTC	its register is registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and Unic II applicable	(NOTE ETE ETE	83 84 83 84 84 85 86 86 86 86 86 86 86 86 86 86 86 86 86	City 3-named corpora the corpora address T-ZIP ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL Surpose of o bit the appo	Change	its register is registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and Unic II applicable	(NOTE ETE ETE	83 84 85, the above uthorized by rida Statutes 76 gistored Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	City -named corpora the corpora - - - - - - - - - - - - -	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL Surpose of o bit the appo	Change	its registere is registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and Unic II applicable	(NOTE ETE ETE ETE	83 84 83 84 85 86 86 86 87 86 87 86 87 86 87 86 87 87 87 87 87 87 87 87 87 87 87 87 87	City -named corpora the corpora - - - - - - - - - - - - -	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL Surpose of c ot the appo	Change	its registere s registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and luie if applicable	(NOTE ETE ETE ETE	83 84 85, the above uthorized by rida Statutes 76 gistored Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	City -named corpora the corpora - - - - - - - - - - - - -	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL Surpose of c ot the appo	DIRECTC DIRECTC Change	its register s registared DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and luie if applicable	(NOTE ETE ETE ETE	83 84 83 84 85, the above uthorized by rida Statutes 13, 1,1 TITLE 1,2 NAME 1,3 STREET 1,4 CITY-S 2,1 TITLE 2,2 NAME 2,3 STREET 2,4 CITY-S 3,1 TITLE 3,3 STREET 3,4 CITY-S 4,1 TITLE	City -named corpora the corpora - - - - - - - - - - - - -	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL Surpose of c ot the appo	DIRECTC DIRECTC Change	its register s registare DRS IN 12 Addi
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the Peppicable	(NOTE ETE ETE ETE ETE	83 84 85, the above uthorized by rida Statutes 76 as a statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 3.3 STREET 3.4 CITY-S	City a-named corpora the corpora an signature required ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL burpose of o ot the appo	Change	its registered s registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and luie if applicable	(NOTE ETE ETE ETE ETE	83 84 85. the above uthorized by rida Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	City a-named corpora the corpora an signature required ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL burpose of o ot the appo	DIRECTC DIRECTC Change	its registered s registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the Peppicable	(NOTE ETE ETE ETE ETE	83 84 83 84 85, the above uthorized by rida Statutes 13, 11 TITLE 12 NAME 13, STREET 14 CITY-S 21 TITLE 22 NAME 23 STREET 24 CITY-S 31 TITLE 32 NAME 33 STREET 34, CITY-S 41 TITLE 4, 2 NAME 4,3 STREET 34, CITY-S 5,1 TITLE	City a-named cor the corpora and signature required ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL burpose of o ot the appo	Change	its registered s registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the Papicable	(NOTE ETE ETE ETE ETE	83 84 83 84 85, the above uthorized by rida Statutes 13, 11 TITLE 12 NAME 13, STREET 14, CITY-S 2, 14 TITLE 2, NAME 2, 3 STREET 2, 4 CITY-S 3, 1 TITLE 4, 2 NAME 3, 3 STREET 3, 4 CITY-S 5, 1 TITLE 4, 2 NAME 5, 3 STREET 5, 4 CITY-S 5, 3 STREET 5, 4 CITY-S	City a-named cor the corpora and signature required ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o ot the appo	Change	its register as registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the Peppicable	(NOTE ETE ETE ETE ETE	83 84 83 84 85, the above uthorized by rida Statutes 7, cojistored Age 13, 1,1 TITLE 1,2 NAME 1,3 STREET 1,4 CITY-S 2,1 TITLE 2,2 NAME 2,3 STREET 3,4 CITY-S 3,1 TITLE 3,2 NAME 3,3 STREET 3,4 CITY-S 5,1 TITLE 4,2 NAME 4,3 STREET 4,4 CITY-S 5,1 TITLE 5,2 NAME 5,3 STREET 5,4 CITY-S 6,1 TITLE	City a-named cor the corpora and signature required ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o ot the appo	Change	its register as registered DRS IN 12 Addit
409 NOF	E NORTH SH ATH FORT MY to the provisions egistered agent m familiar with, Signature, typed or p CHESLOSK 409 E NORT NORTH FT. ST CHESLOSK 409 E NORT	ORE DR ERS FL 33917 s of Sections 607.000 , or both, in the State and accopt the oblig celed name of registered age OFFICERS AN Y, JAMES M. FH SHORE DR MYERS FL Y, CYNTHIA J. TH SHORE DR	oni and the Papicable	(NOTE ETE ETE ETE ETE	83 84 83 84 85, the above uthorized by rida Statutes 13, 11 TITLE 12 NAME 13, STREET 14, CITY-S 2, 14 TITLE 2, NAME 2, 3 STREET 2, 4 CITY-S 3, 1 TITLE 4, 2 NAME 3, 3 STREET 3, 4 CITY-S 5, 1 TITLE 4, 2 NAME 5, 3 STREET 5, 4 CITY-S 5, 3 STREET 5, 4 CITY-S	City a-named corr the corporal ADDRESS I-ZIP ADDRESS SI-ZIP ADDRESS SI-ZIP ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS I-ZIP ADDRESS I-ZIP	poration subm tion's board o	its this statement f directors. I hereb	for the p by accep	FL purpose of o ot the appo	Change	its registered as registered DRS IN 12 DRS IN 12 Addit