

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K51186** (0)  
1. Corporation Name  
**ALMOR ELECTRIC COMPANY, INC.**

Principal Place of Business  
**5323 GATE LAKE RD.  
FT. LAUDERDALE FL 33319**

Mailing Address  
**5323 GATE LAKE RD.  
FT. LAUDERDALE FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/14/1988</b>	
25		30		4. FEI Number <b>65-0093752</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>SHAPIRO, ALAN 5323 GATE LAKE RD. FT. LAUDERDALE FL 33319</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			

I, the undersigned, 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	
NAME	<b>MOR, SAM</b>	12 NAME	
STREET ADDRESS	<b>8475 NW 34 MANOR</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	14 CITY-ST-ZIP	
TITLE	<b>PD</b>	21 TITLE	
NAME	<b>SHAPIRO, ALAN</b>	22 NAME	
STREET ADDRESS	<b>5323 GATE LAKE RD.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby 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 changed, or in Block 14 if attached with an address.

SIGNATURE: *Alan M. Shapiro* **ALAN M. SHAPIRO** 2/5/98 722-1860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0290000

CR2E034 (10/97)