FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K74937** **(9)**

1. Corporation Name

WINTER PARK ELECTRIC, INC.

Principal Place of Business

7040 STAPOINT CT
WINTER PARK FL 32792

Mailing Address

7040 STAPOINT CT
WINTER PARK FL 32792

3. Date Incorporated or Qualified: **03/23/1989**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-2938647** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21 2846 Forsyth Rd.
22 Ste. 604
23 Winter Park, FL
24 Zip 32792 25 Country U.S.

2a. Mailing Address
26 P.O. Box 4490
27 Suite, Apt. # or Bldg.
28 City & State Winter Park, FL.
29 Zip 32793-4490 30 Country U.S.

9. Name and Address of Current Registered Agent

ICARDI, JEFFREY A.
990 LEWIS DR
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200001748802
-03/18/96--01025--013
84 City ***208.75 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The changes were 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 (If changing Registered Agent, Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PS	1 TITLE PS	[X] Change [ ] Addition
2 NAME	SINGHOFEN, PAUL	2 NAME SINGHOFEN, PAUL	
3 STREET ADDRESS	7040 STAPOINT CT	3 STREET ADDRESS P.O. Box 4490	
4 CITY ST ZIP	WINTER PARK FL	4 CITY ST ZIP Winter Park, FL 32793-4490	
1 TITLE	VT	1 TITLE VT	[X] Change [ ] Addition
2 NAME	SINGHOFEN, CAROL	2 NAME SINGHOFEN, CAROL	
3 STREET ADDRESS	7040 STAPOINT CT	3 STREET ADDRESS P.O. Box 4490	
4 CITY ST ZIP	WINTER PARK FL	4 CITY ST ZIP Winter Park, FL 32793-4490	
1 TITLE		1 TITLE PS	[X] Change [ ] Addition
2 NAME		2 NAME SINGHOFEN, PAUL	
3 STREET ADDRESS		3 STREET ADDRESS 2003 BENTWOOD DR.	
4 CITY ST ZIP		4 CITY ST ZIP WINTER PARK, FL. 32792	
1 TITLE		1 TITLE VT	[X] Change [ ] Addition
2 NAME		2 NAME SINGHOFEN, CAROL	
3 STREET ADDRESS		3 STREET ADDRESS 2003 BENTWOOD Dr.	
4 CITY ST ZIP		4 CITY ST ZIP WINTER PARK, FL. 32792	
1 TITLE		1 TITLE	[ ] Change [ ] Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	[ ] Change [ ] Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	

[ ] DELETE

14. I, the undersigned, certify that the information supplied with this report is true, complete, and accurate; furnished and 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 added to the report, or is otherwise authorized.

SIGNATURE: Paul Singhofen, Pres. PAUL SINGHOFEN 2/26/96 (407)671-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)