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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CHY-ST-ZIP

4.4 CITY-ST-ZIP

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	1997	S. S	DIVISION OF	CORPOR	RATIO	NS		Scorca	ai y	OI r	raic	
	MENT # L2 RELECTRIC OF BE	7087 ELLE GLADE,	(O)									
Principal Place of Business Mailing Address							- 1	1 (851) 411 412 115); (84); Cale: (81); (93)	******		01811 1801	
1375 W. CANA BELLE GLADE US	AL ST. NORTH : FL <b>3343</b> 0	P.O. BOX 1985 BELLE GLADE FL 334304	BOX 1985 LE GLADE FL 33430-6985				. Date Incorporated or Qualified		ite of Last F	eport	7	
Dringing C	lless of Ducinoss		Mailing Address					11/02/1989 FEI Number	U//	02/1996		↲
2. Principal Place of Business			2a. Mailing Address				65-0153150			_ <del>                                    </del>	oplied For	-
Suite, Apt. #, etc.			Suite, Apt. #, etc.				+				ot Applicable Additional	$\dashv$
2			7				6.	Certificate of Status Desired			equired	
City & State			City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country			Zip Country			•	8.	This corporation has liability for i	- · -	_	. 199.032,	7
4 25 29 29 29 Name and Address of Current Registered Agent					30			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
		s of Current Regi	Bierea Agent		81	Name	10	Name and Address of New Ke	gisterea /	Agent		-
	RTER, RHONDA J 4 PRIMROSE LANE											
	LUNGTON FL 33414				82	Street Add	iress (l	P.O. Box Number is Not Acceptab	le)			
116	LLINGTON FL 33414				83							┨
												_
					84	City			FL	85 Zip	Code	
11. Pursuant office or i agent. I a	to the provisions of Sections	ons 607.0502 and in the State of Flo opt the obligations	607.1508, Florida Statu ida: Such change was of, Section 607.0505, Fl	tes, the a authorize lorida Sta	bove- ed by t tutes.	named corp the corpora	poration's	on submits this statement for the p board of directors. I hereby accep		changing it cintment as	s registered registered	
SIGNATURE	X				<del>-</del>		<del></del>		DATE			
12.	Signature, typed or printed name OF	CTORS					ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	16	
TITLE	PD	<del></del>	DELETE		ITLE					Change	Addition	3
NAME	CARTER, CLYDE R	CARTER, CLYDE R SR.		1.2 N	1.2 NAME							3
TREET ADDRESS 714 E. CONCORDIA ST.					1.3 STREET ADDRESS							ξ
CITY-ST-ZIP	CLEWISTON FL 33440		1.4 0	1.4 CITY - ST - ZIP								
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Change

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Addition

Addition

FILED

Sep 22 1997 8:00am

Sacratory of State

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 on an attachment with an Atidress.