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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

GALACTIC ELECTRIC, INC.

FILED Feb 11 1998 8:00am Secretary of State

P	rincipal Place of Busines	s	Mailing Add	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1989 9. Address 4. FEI Number 65-0158749 Applied For Not Applicable Apt. #, etc. 5. Certificate of Status Desired Fee Required State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
				6915 N.W. 42ND STREET Miami Fl 33166		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1989 4. FEI Number Applied For 65-0158749 Not Applied For 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	DO NOT WRITE IN THIS CRACE		
								O OI ROL	
							,		
2.	Principal Place of Busin	1088	2a. Mailing A	Address				Applied For	
21	,		26				65-0158749		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional		
23	City & State		City & St.	ale			""		
24		Country 25	Zip 29	30	ountry	_	Personal Properly Tax due June 30.	Yes No	
	9. Name	and Address of Cur	rent Registered Age	ent	J.,		10. Name and Address of New Registere	d Agent	
	PRICE, IRA 8.				81	Name			
	9130 S. DADE Ste. 1705	ELAND BLVD			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	DO NOT WRITE IN THIS SPACE orporated or Qualified /1989 ber Applied For 158749 Not Applicable te of Status Desired \$8.75 Additional Fee Required Campaign Financing \$5.00 May Be Added to Fees oriation owes or has paid the current year Intangible Property Tax due June 30. Yes No and Address of New Registered Agent	
	MIAMI FL 331	56			83				
					84	City	F	85 Zip Code	
11	 Pursuant to the provis- office or registered ag agent. I am familiar wi 	ent, or both, in the Sta	ate of Florida. Such c	:hange was authoriz	ed by	the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap-	of changing its registered ppointment as registered	

agont. 10	in ranniar with, and accept the obligations of	1, 30011011 007.0000, 1 10	ilua Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE	: Registered Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DTS	☐ DELETE	1.1 TITLE	Change	Addition	
NAME	MARMO, TONY		1.2 NAME			
STREET ADDRESS	6273 S.W. 72 STREET #2D		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	DP	DELETE	2.1 TITLE	☐ Change	Addition	
NAME	COOLEY, CHRIS		2.2 NAME			
STREET ADDRESS	7418 N.W. 34 STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL		2. 4 CITY-ST-ZIP			
TITLE	DV .	DELETE	3 1 TITLE	☐ Change	☐ Addition	
NAME	MARMO, JAY		3.2 NAME			
STREET ADDRESS	2710 LOFTYVIEW STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	TORRANCE CA		3.4. CHY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change	☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TIFLE	☐ Change	☐ Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	and the state of t		6.4 CHTY-ST-ZIP	C		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 cath; 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 address.

SIGNATURE: