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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L69681

(9)

MRE ELECTRIC, INC.

21 830 5 Deer field AVE 26 Suite, Apt. #, etc. 22 3 AV # 10 27 AV # 10 28 Deep field Box F	Principal Place of Business	Mailing Address				
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 3	16 SOUTHEAST 8TH STREET DEERFIELD BEACH FL 33441	16 SE 9TH ST DEERFIELD BEACH FL 33441-5311 US	_			
5. Certificate of Status Desired City & State City & State City & State Country R. This corporation has liability for intengible tax under s. 199 0 Florida Statutes Provide Statutes Name and Address of New Registered Agent EBBITT, MICHAEL R. 20 SE 9TH ST DEERFIELD BEACH FL 33441 B1 Name Country B2 Street Address (P.O. Box Number is Not Agreeptable) City & State Country R. This corporation has liability for intengible tax under s. 199 0 Florida Statutes R. Yes No B2 Street Address of New Registered Agent B3 Street Address (P.O. Box Number is Not Agreeptable) B4 City Pell FELL B5 Zip Gode FL 85 Zip Gode FL 86 Zip Gode FL 86 Zip Gode FL 87 Zip Gode FL 87 Zip Gode FL 88 Zip God	21 830 5 Deafield AVE	2a. Mailing Address		4. FEI Number	Applied For Not Applicable	
23 Deec Credo bock FC 28 Occaffed bock FC 28 O	22 BAY # 10	27 BAY # 10		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
24 33 44 25 0 6 29 33 44 30 0 6 Florida Statutes 70 Yes No 9, Name and Address of Current Registered Agent EBBITT, MICHAEL R. 20 SE 9TH ST DEERFIELD BEACH FL 33441 81 Name C 6 FL 85 Zip 30 45 82 Street Address (P.O. Box Number is Not Agree ptable) 83 Street Address (P.O. Box Number is Not Agree ptable) 84 City C FF C 6 FL 85 Zip 30 49 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 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 or both in the State of Florida Statutes.		28 Decented 6			\$5.00 May Be Added to Fees	
BBBITT, MICHAEL R. 20 SE 9TH ST DEERFIELD BEACH FL 33441 81 Name E bb H Michael R. 82 Street Address (P.O. Box Number is Not Agreeptable) and Got Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agers or both in the state of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered.	24 33441 25 0SA	29 33441 30	USA	Florida Statutes	Yes No	
20 SE 97H ST DEERFIELD BEACH FL 33441 82 Street Address (P.O. Box Number is Not Agreptable) (d) AJT5 83 DAY ## City Dec FF Eld Box FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both in the State of Grode. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both in the State of Grode.	g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
20 SE 91H ST DEERFIELD BEACH FL 33441 82 Street Address (P.O. Box Number is Not Agreptable) (A) A September (l Ch	bitt Michael	l R	
83 OAV ## City Dec F F L 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent or both in the State of Clorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both in the State of Clorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both in the State of Clorida.			82 Street Addre	ss (P.O. Box Number is Not Ameptab	Blield Auts	
1) Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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.			MAY	# 10		
office or registered agent or both in the State of Storida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register			Tiee	RFIEld Boh	FL 3344	
agent. t arri tamiliar witt, and accept the obligations of payon 607.0505, Florida Statutes. SIGNATURE: Y 30 9.7	office or registered agent or both in the Stat agent. I am familiar with, and accept the oblin	e of Florida. Such change was authorize	red by the corporation	oration submits this statement for the point's board of directors. I hereby accept	t the appointment as registered	
Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 1.13 ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 1.	Signature, typind or printed name of registered ag					

TITLE DELETE 1.1 TITLE Addition Change Modress NAME EBBITT, MICHAEL R 1.2 NAME 266. H prestreld ave 20 SE 9TH ST 830 1.3 STREET ADDRESS STREET ADDRESS 33 YH -DEERPIELD BEACH FL CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE EBBITT, MICHAEL R. 2.2 NAME 1461 N.W. 54TH STREET STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TOTLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZIF DELETE 4.1 TITLE Change Addition 7/11/5 NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DiTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS CITY-\$1-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7iP 6.4 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 seceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 08 1997 8:00am

Secretary of State

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