

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

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May 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M58748** (8)

1. Corporation Name  
**SANDERS ELECTRIC INC.**



Principal Place of Business <b>C/O H. DAVID SANDERS</b> <b>3915 NW 164TH ST.</b> <b>OPA LAOCKA FL 33054</b>	Mailing Address <b>C/O H. DAVID SANDERS</b> <b>3915 NW 164TH ST.</b> <b>OPA LAOCKA FL 33054-6216</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/09/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0009893</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SANDERS, HERMAN D.</b> <b>3915 NW 164 ST.</b> <b>OPA LOCKA FL 33054</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	
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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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, HERMAN D.</b>	1.2 NAME	
STREET ADDRESS	<b>3915 NW 164TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, DEBORAH A.</b>	2.2 NAME	
STREET ADDRESS	<b>3915 NW 164TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, TRACI L</b>	3.2 NAME	<b>ST</b>
STREET ADDRESS	<b>3915 N.W. 164TH ST.</b>	3.3 STREET ADDRESS	<b>SANDERS, MICHAEL F.</b>
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	3.4 CITY-ST-ZIP	<b>3915 NW. 164 ST.</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>OPA LOCKA, FLA. 33054</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: H. Sanders **HERMAN D. SANDERS** 5-12-97 624-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)