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

PROFIT •
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1.	Corporation	MENT # P12283 Name L ELECTRIC REAL ESTAT	•	8) RPORATIO)N		
Principal Place of Business Mailing Address				ess			2 I GERLEDER HEN LIGHTE KIDNE HOUSE DIEN BIBLI
	260 LONG RIDGE RD. DEPT. 8109 P.O.BOX 8109 280 LONG RIDGE RD.						
STA	MFORD CT	06927	STAMFORD FL	. 06927-1600			3. Date Incorporated or Qualified 3a. Date of Last Report
					•		11/24/1986 04/14/1996
2.	2. Principal Place of Business 2s. Mailing Address			ddress			4. FEI Number Applied For
21	21 26						13-2771827 Not Applicabl
	Suite, Apt	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22	27 City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23	·	28					Trust Fund Contribution Added to Fees
	Žiρ	Country	Zip		Country	/	8. This corporation has liability for intangible tax under s. 199.032,
24		25	29		30		Florida Statutes Yes No
	OT 0	Name and Address of Curre ORPORATION SYSTEM	ent Registered Age	nt	81	Name	10. Name and Address of New Registered Agent
		S. PINE ISLAND ROAD					
		ITATION FL 33324			82	Street	et Address (P.O. Box Number is Not Acceptable)
ļ					83		
					84	City	85 Zip Code
					0**	City	FL 85 Zip Code
	office or r agent if a anathiet	egistered agent, or both, in the Sta m familiar with, and accopt the obli	te of Florida. Such o gations of, Section t	Torida Statute hange was a 507.0505, Flo	es, the abov authorized b orida Statute	e-named y the cor s.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
ļ		Signature, typical or printed name of registered a		(NOTE		ent signatur	ture required when reinstating) DAYE
12.		OFFICERS A	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL NAM		SANTORO, EDWARD J	L.,) DECEIE	1.1 TITLE 1.2 NAME		Jeffry L Hyde
	et Laddhess	777 LUNG RIDGE ROAD				T ADDRESS	7 6 6 6 6 7 7
	r - ST - ZIP	STAMFORD CT			1.4 CITY-		Strom form CT 06927
10.		8		DELETE	21 TITLE	J1 - 211	Change Additio
NAN	.ee	KLOSTER, B.J., JR.			2.2 NAME		4 - Se-
SIR	EET ADDRESS	280 LONG RIDGE ROAD			2.3 STREE	T ADDRESS	s 7
CIN	r-St-ZiP	STAMFORD CT			2. 4 CITY	ST-ZIP_	7476
1111	E			DELETE	3.1 TITLE		Z Change ☐ Addilio
NAM	ИÉ	WERNER, J S			3.2 NAME		
SIB	EL: ADDRESS	777 LONG RIDGE ROAD				F ADDRESS	is l
	r-ST_ZiP	STAMFORD CT		Therete	3.4. CITY -	ST-ZIP	Tours Daries
781		WENDT, GARY C	L.	DELETE	4.1 TITLE		SS Change Addition
NAN		260 LONG RIDGE RD			4. 2 NAME		4200
ŀ	EET ADDRESS Y ST-ZIF	STAMFORD CT			4.3 STREE	T ADDRESS	* ************************************
1111			Г	DELETE	5.1 TITLE	DI-ZIP	Change Addition
NAN			-		5.2 NAME		
1	 REEL ADORESS					T ADDRESS	ss
1	Y - ST - ZIF				5.4 CITY -		
Till				DELETE	6.1 TITLE		Change Additio
NAM	ME				6.2 NAME		
SIR	BEET ADDRESS				6.3 STREE	T ADDRESS	xs
Lor	Y - \$1 - 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, of on, an attachment with an address.

SIGNATURE:

SIGNATURE AND TOPED OF MINITED NAME OF SIGNING OFFICES OF DIRECTOR

128.99 Date

FILED

May 06 1997 8:00am

Secretary of State

203, 357,4546 Daytime Phone #