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

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P93000023009 (2)

GREAT AMERICAN ELECTRIC, INC.

Apr 09 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997



FILED

Principal Place of Business 5104 N ORANGE BLOSSOM TRAIL SUITE 111 ORLANDO FL 32810		SUITE 111	5104 N ORANGE BLOSSOM TRAIL			3. Date Incorporated or Qualified 3s. Date of Last Report			
						03/25/1993	07/01/		эроп
2. Princ pal P	flace of Business	2a. Mailing Address	├			4. FEI Number 59-3172608	Applied For Not Applicable		
Suite, Apt		Suite, Apt. #, etc				5. Certificate of Status Desired		8.75 / Fee Re	Additional equired
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zφ	Country	Zip	<u> </u>	untry		8. This corporation has liability for in Florida Statutes	ntangible tax		. 199.032,
24	25 25 9. Name and Address of Curre	29 ent Registered Agent	30	Т		10. Name and Address of New Re			
WE	CHERZ, DARRELL E	ott tragional rigari		81	Name		<u> </u>		
5104 N ORANGE BLOSSOM TRAIL SUITE 111				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	ANDO FL 32810			83					
				84	City		FL	35 Zip	Code
office or r agent. La	to the provisions of Sactions 607.0 registered agent, or both, in the Sta rm familiar with, and accept the obl	te of Florida. Such change v	was authorize	ed be	/ the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of ch t the appoin	anging it tment as	s registered registered
SIGNATURE	Signature type dior pointed harve of registered a				ent signature requ	ulred when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC		Change	Addition
1111.6	D WEICHERZ, DARRELL E	DELETI	1	TITLE		•		i Change	L Madilloll
NAME	5104 N ORANGE BLOSSOM	TRAH SHITE 111		NAME					
STREET ADORESS	ORLANDO FL 32810	TIME OUTLE TH			ADDRESS				
CHY-ST-ZIP TITLE	D D	DELET		FITLE	ST-ZIP			Change	Addition
	WEICHERZ, PAUL M	() DECEN		NAME		•		,	
NAME STREET AUDRESS	5104 N ORANGE BLOSSOM	TRAIL SUITE 111			ADDRESS				
CHY-ST-Z#	ORLANDO FL 32810				ST-ZIP				
TIFLE		DELET		TITLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
City-St-7-2					ST-ZIP		<u> </u>		
Inte		DELET		TITLE				Change	Addition
NAME			4. 2	NAME		•			
STREET ADDRESS			4.3	STREET	T ADDRESS	•			
CiTY - ST - 201				CITY-S	ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE		☐ DELET	£ 5.1	TITLE] Change	Addition
NAME			52	NAME					
STREET ADDRESS			5.3	STREET	T ADDRESS				
CON-S1-7IP	4.44/4.75			CITY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
THLE		DELET	E 6.1	TITLE	1		Ŀ	Change	Addition
N4ME			62	NAME					
STREET ADDRESS			6.3	STREE	T ADORESS				
City - St - 7th			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 Biock 13 if changed, or on an attachment with an address.

SIGNATURE:

4/1/97 4072956410