SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000053620 (9)

BLUE	HORIZON	ELECTRIC	INC.
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BLUE HORIZON ELECTRIC INC.				
Principal Place of Business	Mairing Address		I ICONICO IAR COLEGANIA DONI SONI COLL	90101 01100 11110 01110 11011 0011 1001
840 GRAND HWY CLERMONT FL 34712	P.O. BOX 120267 CLERMONT FL 34712			
			3. Date Incorporated or Qualified 07/27/1993	3a. Date of Last Report 07/21/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 SAME	26 3 MME		59-3186513	Not Applicable
Suite, Apt. # etc 22	Suite Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State 23 Chermont, FL.	City & State 28 Cler mo +	····	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 347/2 25 LAKE	29 3471Z	Country 30 LAKE	8. This corporation has liability for int.	angible tax under s=199 032, Yes - No
24 39 / / 2 25 L R ICE 9. Name and Address of Current		30 CAKE	Florida Statutes 10. Name and Address of New Regis	
		81 Name	To. Hame are required or the ready	Sicret Agent
KINDER, WILLIAM H 840 GRAND HWY		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CLERMONT FL 34712		5 Stile (Addi	ress (r.o. box normber is not Acceptable,	!
outimoni it on it		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607 1500. Elected Statute	the about papied sees	action a harde this states and I all	FL 13 Zip code
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat SIGNATURE	oris of Section 677.0505, Flo	urnorized by the corporation of a Statutes. E. Bayatand Agent signature recore.	7-21-	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE P	DELETE	1 1 TIFLE		Change Addition
NAME KINDER, WILLIAM H.		1.2 NAME		
STREET ADDRESS 840 GRAND HWY		1 3 STREET ADDRESS		
CITY-ST-ZIP CLERMONT FL	DELETE	1.4 CITY - ST ZIP		The Live
TITLE		2 1 TITLE		Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP		2 4 CITY - ST - ZIP		
TITLE	DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		- b/
STHEET ADDRESS		3 3 STREET ADORESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	3.4 City -St - ZiP		
TITLE	DELETE	4 1 TIFLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.9 STREET ADDRESS		
City - St - ZiP	DELETE	4.4 Cilly - ST ZiP		Change Add Van
TITLE NAME	L DECETE	5 1 TIFLE		Change Addition
STREET ADDRESS		5 2 NAME 5 3 STREET ADORESS		
CHY-ST-ZIP		5.4 City - ST - ZiP		
THEE.	DELETE	6 1 TITLE		Change Addition
NAME		6 2 NAME		_ ,
SINEET ADDRESS		6.3 STREET ADDRESS		
City-St-zip		6.4 CHTY - ST - ZIP		
 I do hereby certify that the information supplied further certify that the information indicated on the made under oath, that I am ac officer or director 	ris annual report or suppleme	ental annual report is true a eiver or trustee empowere	lify for the exemption stated in Section 119 and accurate and that my signature shall hid to execute this report as required by Chi	rave the same legal effect as if

SIGNATURE:

Maruhe and Typed or Printed Name of Signing Officer of Director

7.21-96 352-242.0046