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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1, Corporation Name	P93000061447	(7)
EAST SINE ELECTRI	C INC	

491 SIDE EFECTUIO, IMP Principal Place of Business Mailing Address 571 SE 3RD TERR 571 SE 3RD TERR POMPANO BCH FL 33080 POMPANO BCH FL 33060-8417 والأكرامون 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1996 09/01/1993 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 26 65-0436806 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Z(0)Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WATSON, VINCENT J 1836 MIDDLE RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33305 83 City 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 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. By earch principal facility of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 96/6) DELETE Change Addition 1.1 TITLE THE WATSON, VINCENT J MAME 1.2 NAME 1836 MIDDLE RIVER DR. STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33305 CITY - \$1 - 702 14 CITY - ST - ZIP DELETE Addition | Change 2.1 TITLE TillE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP 0129 - \$1 - 2th DELETE Chance Addition Tifle 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 3.4. CITY- ST-ZIP Change Addition DELETE THEF 4.1 TITLE 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS C(TY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change Titl:E 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City-St-20 DELETE Change Addition TILLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-7P 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 tam an efficer 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

SIGNATURE:

SIGNATURE AND TYPED OR P

FILED

Apr 22 1997 8:00am

Secretary of State