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

DOCUMENT # P9300061639 (9) CAREY ELECTRIC, INC.

Principal Piace of Business	Mailing Address			
724 COOUINA CT	P O BOX 569654 ORLANDO FL 32856-8654			
ORLANDO FL 32807 JS	US			

FILED Apr 08 1997 8:00am Secretary of State



						 Date Incorporated or Qualifie 08/30/1993 		te of East Ro 6/1996	∍port
2. Principal Fi	lace of Business	2a. Mailing Ad	ddress			4. FEI Number		Ap	plied For
1 410 L	WOODLYNNE L	ادر ا				59-3198338		 	t Applicable
Suite, Apt		Suite, Apt	. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	c	City & Sta	ite			6. Election Campaign Financing		\$5.00	May Re
ORLANDO, FL 28						Trust Fund Contribution		Added t	
Zip	Country	Zip		Count	у	8. This corporation has liability f	or intangible t	ax under s.	199.032.
32812 25 USA 29 30				30		Florida Statutes	☐ Yes ☐) No	
	g. Name and Address of Cur	rent Registered Ager	nt			10. Name and Address of New	Registered A	.gent	
CAR	EY, SHARI M			8	l Name				
724 COQUINA CT ORLANDO FL 32807				a.	82 Street Address (P.O. Box Number is Not Acceptable)				
					416				
· · · · ·				8:		100000	**		
				_				T	
				8	City	RLANDO	FL	85 Zip (Code 7条1乙
1. Pursuant	to the provisions of Spelions 607.	0502 and 607.1508 F	orida Statute	es, the abo	/e-named o	corporation submits this statement for th	e purpose of	changing its	s registere
office or r	egistered agent, or both, in the St	tate of Florida. Such cl	hange was a	uthorized b	by the carp	oration's board of directors. I hereby ac	cept the appo	xintment as	registered
agent. La	rn familiar with, and accept the ot	Silgations of, Section 6	07. 0505, FI0	noa Statuti	∌ s .				
GNATURE	Signature, typed or printed name of registered	Lacree 4 and tile if antile above	(MC)TE	Spoittered A	sent signature (equired when reinstating)	DATE		
 ?.		AND DIRECTORS	(HOIL	13.	John Organicae 1	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
i.t	D		DELETE	1.1 TITLE				Change	Additi
Me .	CAREY, SHARI M	,	-	1.2 NAME			·	,	-
REEL ADORESS	724 COQUINA CT				T ADDRESS	AINI WOODLYNNE	w.		
	ORLANDO FL 32807				OT TO	00100000	2017		
TY-ST-7/P TUE	D CHENTOU PE SECON		DELETE	1.4 CITY- 21 TITLE	SI-ZIP	4101 WOODLYNNE ORLANDO, R 3	201 C	X Change	Additio
AMÉ	CAREY, ROBERT M JR	L	1 DECEME	22 NAMI	1		'	P.S. Orlange	THE PROPERTY
					- 1	4.53 555 (8) 11/2/1	N.		
	: TO LECONIBILE ET								
	724 COQUINA CT				ET ADDRESS	AID! MOODE Y IN TO	Q 17		
17 - ST - ZIP	724 COQUINA CT ORLANDO FL		Lociere	2.4 CITY	1	OCLANDO, FL 32	812	0	T Kalanga
11V - \$1 - 21P 11.F			DELETE	2. 4 CITY 3.1 THILE	-ST-ZIP	ORLANDO, FL 32	812	Change	Addition
HTY-ST-ZIP BLE AME			DELETE	2. 4 CITY 3.1 THLE 3.2 NAME	-ST-ZIP	ORIANDO, FL 32	812	Change	Addition
HTY-ST-ZIP BLE AME			DELETE	2. 4 CITY 3.1 THTLE 3.2 NAME 3.3 STRE	ST-ZIP	ORIANDO, FL 32	812	Change	Addition
HY-ST-ZIP THE AME THEFT ADDRESS TY-ST-ZIP				2. 4 CITY 3.1 THTLE 3.2 NAME 3.3 STRE 3.4. CITY	ST-ZIP	ORIANDO, FL 32	•		
HY-ST-ZIP THE AME THEFT ADDRESS TY-ST-ZIP			DELETE	2. 4 CITY 3.1 THTLE 3.2 NAME 3.3 STRE	ST-ZIP	ORIANDO, FL 32	•	Change Change	
HY-SI-ZIP BUE BAME TREET ADDRESS TIY-SI-ZIP TILE				2. 4 CITY 3.1 THTLE 3.2 NAME 3.3 STRE 3.4. CITY	ST-ZIP T ADDRESS -ST-ZIP	ORIANDO, FL 32	•		
ITY-SI-ZIP THE TADDRESS ITY-SI-ZIP ITLE AME				2. 4 CITY 3.1 THLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAME	ST-ZIP T ADDRESS -ST-ZIP	ORIANDO, FL 32	•		
HTY-ST-ZIP AME THEFT ADDRESS HTY-ST-ZIP HTLE AME FREET ADDRESS			DELETE	2. 4 CITY 3.1 THLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAME	ST-ZIP T ADDRESS -ST-ZIP E T ADDRESS	ORIANDO, FL 32	•	Change	Additio
HY-SI-2IP TUE AME THEFT ADDRESS TY-SI-2IP TUE AME THEFT ADDRESS TY-SI-2IP TUE THEFT ADDRESS THY-SI-7IP				2. 4 CITY 3.1 THLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	ORIANDO, FL 32	•		Addilio
HY-SI-ZIP OLE AME IRELTADORESS OLY-SI-ZIP OLE AME IRELIADORESS ILY-SI-ZIP OLE ILY-SI-ZIP			DELETE	2. 4 CITY 3.1 THLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4. 2 NAME 4.3 STRE 4.4 CITY	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	ORIANDO, FL 32	•	Change	Addition Addition
ITY ST-ZIP THE T ADDRESS TTY ST ZIP THE T ADDRESS TTY ST ZIP THE AME FREE L ADDRESS TTY ST ZIP THE AME			DELETE	2. 4 CITY 3.1 THILE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	ORIANDO, FL 32	•	Change	Additio
HY-SI-ZIP DEF AME THEFT ADDRESS HY-SI-ZIP THEF AME FREEI ADDRESS HY-SI-ZIP THEF AME THEF T			DELETE	2. 4 CITY 3.1 THILE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	ORIANDO, FL 32	•	Change	Additio
ITY ST-ZIP THE T ADDRESS			DELETE	2.4 CITY 3.1 THLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 THLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THLE 5.2 NAMI 5.3 STRE	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	ORIANDO, FL 32		Change	Addilic
STREET ADDRESS SITY-ST-ZIP TITE VAME STREET ADDRESS SITY-ST-ZIP BITTE STREET ADDRESS SITY-ST-ZIP BITTE VAME STREET ADDRESS SITY-ST-ZIP BITTE VAME STREET ADDRESS SITY-ST-ZIP BITTE VAME STREET ADDRESS			DELETE	2. 4 CITY 3.1 THLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ORIANDO, FL 32		Change	Addilic
OTY ST-ZIP OTE VAME STREET ADDRESS			DELETE	2. 4 CITY 3.1 THILE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ORIANDO, FL 32		Change	Addilic
NY ST-ZIP DEF THEFT ADDRESS THEFT ADDRESS THEFT ADDRESS THY ST-ZIP THEFT ADDRESS THY ST-ZIP THEFT ADDRESS THY ST-ZIP THEFT ADDRESS			DELETE	2. 4 CITY 3.1 THILE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ORIANDO, FL 32		Change	Additio

position or supplication and our report is true and accurate and that my signature shall have the same legal effect as if made under poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name arrived and the same legal effect as if made under the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name arrived and the receiver of the same legal effect as if made under the receiver of the same legal effect as if made under the sa Fam an officer or director of the cappears in Block 12 or Block 13/

SIGNATURE: