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

PROFIT CORPORATION ANNUAL REPORT

1998

1110 BRICKELL AVE.

7TH FLOOR

**MIAMI FL 33131** 

FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400021508 (4)

ELECTRIC SALES ASSOCIATES, INC.

| Principal Place                                 | of Business       | Mailing Addre                               | SS      |   | 11 <b>16</b>   11 <b>16</b>   1114   <b>1114</b>   1116   116   116   1116   1116   1116   1116   1116   1116   1116   1116   116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116   1116 |  |
|---|-------------------|---|---------|---|---|--|
| 8841 W. FLAGLE<br>SUITE 403<br>MIAMI FL 33174   | R STREET          | 8841 W. FLAGI<br>SUITE 403<br>MIAMI FL 3317 |         | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/21/1994 |   |  |
|   |                   |   |         |   |   |  |
| 2. Principal Place of Business                  |                   | 2a, Mailing Ad                              | dress   | 4. FEI Number   | Applied Fo  |  |
| 21  |                   | 26  |         | 65-0480520  | Not Applic  |  |
| Suite, Apt. #, etc.                             |                   | Suite, Apt.                                 | #, etc. | 5. Certificate of Status Desired  | \$8.75 Additions<br>Fee Required  |  |
| City & State                                    |                   | City & State                                | 9       | Election Campaign Financing     Trust Fund Contribution                   | \$5.00 May Be<br>Added to Fees  |  |
| Zip   | Country           | Zip   | Country | 8. This corporation owes or has paid the                                  | current year Intangible   |  |
| 24  | 25                | 29  | 30      | Personal Property Tax due June 30.  | Yes 🔲 No  |  |
| g. Name and Address of Current Registered Agent |                   |   |         | 10. Name and Address of New Registers                                     | ed Agent  |  |
| KUPE  | RSTEIN, STANLEY H |   | 81 Nan  | ne  |   |  |

84 City FL 85 Zip Code

1. 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 agont, or both, in the Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered group and accept the obligations of Section 607.0505. Florida Statutes

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82 Street Address (P.O. Box Number is Not Acceptable)

| office or r<br>agent. I a | registered agent, or both, in the State of Florida Such char<br>m familiar with, and accept the obligations of, Section 607 | nge was authorized by the c<br>.0505, Florida Statutes. | corporation's board of directors. The | reby accept the appointment as  | registered  |
|---------------------------|---|---|---------------------------------------|---------------------------------|-------------|
| SIGNATURE                 | Signature, typed or poning name of registered agent and title if apply title  | (NOTE Broislered Agent Brook                            | ature required when reinstating)      | DATE                            | <del></del> |
| 12.                       | OFFICERS AND DIRECTORS  | 13.   |                                       | TO OFFICERS AND DIRECTORS IN 12 |             |
| TITLE                     | P   | ELETE 1.1 TITLE   |                                       | Change                          | Addition    |
| NAME                      | DELIZZA, RICHARD  | 1.2 NAME  | }                                     |                                 |             |
| STREET ADDRESS            | 8841 W. FLAGLER ST. #403  | 1.3 STREET ADDRE  | ss                                    | •                               |             |
| CITY-ST-ZIP               | MIAMI FL  | 1.4 CITY - ST - ZIP                                     |                                       |                                 |             |
| TITLE                     | ST 🔲 D  |   |                                       | Change                          | Addition    |
| NAME                      | DELIZZA, ROBERT G.  | 2.2 NAME  |                                       | -                               |             |
| STREET ADDRESS            | 8841 W. FLAGLER ST. #403  | 2.3 STREET ADDRE  | ss )                                  |                                 |             |
| CITY-ST-ZIP               | MIAMI FL  | 2.4 CITY-ST-ZIP   |                                       |                                 |             |
| TITLE                     |   | ELETE 3.1 TITLE   |                                       | Change                          | Addition    |
| NAME                      | GOUGH, WARREN   | 3.2 NAME  |                                       |                                 |             |
| STREET ADDRESS            | 8841 W. FLAGLER ST. #403  | 3.3 STREET ADDRE  | ss }                                  |                                 |             |
| CITY-ST-ZIP               | MIAMI FL  | 3 4. CITY - ST - ZIP                                    |                                       |                                 |             |
| TITLE                     | Di  | ELETE 4.1 TITLE   |                                       | Change                          | Addition    |
| NAME                      |   | 4.2 NAME  |                                       |                                 |             |
| STREET ADDRESS            |   | 4.3 STREET ADDRE  | ss                                    |                                 |             |
| CITY-ST-ZIP               |   | 4.4 CITY-ST-ZIP   | 1                                     |                                 |             |
| TITLE                     | D   | LETE 5.1 TITLE  |                                       | Change                          | Addition    |
| NAME                      |   | 5.2 NAME  |                                       |                                 |             |
| STREET ADDRESS            |   | 5 3 STREET ADDRE  | ss I                                  |                                 |             |
| CITY-ST-ZIP               |   | 5.4 CITY - ST - ZIP                                     |                                       |                                 |             |
| TITLE                     | D   | ELETE 6.1 TITLE   |                                       | Change                          | Addition    |
| NAME                      |   | 6.2 NAME  |                                       |                                 |             |
| STREET ADDRESS            |   | 6.3 STREET ADDRES                                       | ss                                    |                                 |             |
| CODY OF THE               |   | EACITY CT 710   |                                       |                                 |             |

14. Thereby 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Hutt

2/12/98 305 552-1553

**FILED** 

Feb 18 1998 8:00am

Secretary of State

:R2E034 (10/97)