

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 29 1998 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                            |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham,</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P94000026358 (9)**  
1. Corporation Name  
**LIGHTNING ELECTRIC OF CENTRAL FLORIDA, INC.**



|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1255 BELLE AVE., SUITE 112<br/>WINTER SPRINGS FL 32708</b> | Mailing Address<br><b>1255 BELLE AVE., SUITE 112<br/>WINTER SPRINGS FL 32708</b> |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b>    |
| <b>21</b> Suite, Apt. #, etc.         | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State                | <b>27</b> City & State        |
| <b>23</b> Zip                         | <b>28</b> Zip                 |
| <b>24</b> Country                     | <b>29</b> Country             |
| <b>25</b>                             | <b>30</b>                     |

|                                                                                                                                                                     |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br><b>04/04/1994</b>                                                                                                       |                                                        |
| <b>4. FEI Number</b><br><b>59-3244864</b>                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                    | <b>\$8.75</b> Additional Fee Required                  |
| <b>6. Election Campaign Financing</b> <input type="checkbox"/>                                                                                                      | <b>\$5.00</b> May Be Added to Fees                     |
| <b>7. Trust Fund Contribution</b> <input type="checkbox"/>                                                                                                          |                                                        |
| <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

**9. Name and Address of Current Registered Agent**  
**OSSINSKY, MARC P**  
**210 N. WYMORE RD.**  
**WINTER PARK FL 32789**

**10. Name and Address of New Registered Agent**

|                                                              |
|--------------------------------------------------------------|
| <b>81</b> Name                                               |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>                                                    |
| <b>84</b> City                                               |
| <b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

| <b>12. OFFICERS AND DIRECTORS</b> |                                 |
|-----------------------------------|---------------------------------|
| <b>TITLE</b>                      | <b>PT</b>                       |
| <b>NAME</b>                       | <b>WEINER, STEVE L.</b>         |
| <b>STREET ADDRESS</b>             | <b>2102 GACHET COURT</b>        |
| <b>CITY-ST-ZIP</b>                | <b>ORLANDO FL</b>               |
| <b>TITLE</b>                      | <input type="checkbox"/> DELETE |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> DELETE |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> DELETE |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> DELETE |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |
| <b>TITLE</b>                      | <input type="checkbox"/> DELETE |
| <b>NAME</b>                       |                                 |
| <b>STREET ADDRESS</b>             |                                 |
| <b>CITY-ST-ZIP</b>                |                                 |

| <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |                                                                              |
|--------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>1.1 TITLE</b>                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2 NAME</b>                                              |                                                                              |
| <b>1.3 STREET ADDRESS</b>                                    |                                                                              |
| <b>1.4 CITY-ST-ZIP</b>                                       |                                                                              |
| <b>2.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>2.2 NAME</b>                                              |                                                                              |
| <b>2.3 STREET ADDRESS</b>                                    |                                                                              |
| <b>2.4 CITY-ST-ZIP</b>                                       |                                                                              |
| <b>3.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>3.2 NAME</b>                                              |                                                                              |
| <b>3.3 STREET ADDRESS</b>                                    |                                                                              |
| <b>3.4 CITY-ST-ZIP</b>                                       |                                                                              |
| <b>4.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>4.2 NAME</b>                                              |                                                                              |
| <b>4.3 STREET ADDRESS</b>                                    |                                                                              |
| <b>4.4 CITY-ST-ZIP</b>                                       |                                                                              |
| <b>5.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>5.2 NAME</b>                                              |                                                                              |
| <b>5.3 STREET ADDRESS</b>                                    |                                                                              |
| <b>5.4 CITY-ST-ZIP</b>                                       |                                                                              |
| <b>6.1 TITLE</b>                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>6.2 NAME</b>                                              |                                                                              |
| <b>6.3 STREET ADDRESS</b>                                    |                                                                              |
| <b>6.4 CITY-ST-ZIP</b>                                       |                                                                              |

**14.** I 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 Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **STEVE WEINER** **7-2-98** **(645) 699-5800**

CR2E034 (5/98)



1255 BELLE AVE. • SUITE 112 • WINTER SPRINGS, FL 32708

Ph (407)699-5800

Fax (407)699-7111

24 HOUR EMERGENCY SERVICE

STATE REG.#ER0012917

July, 1998

Dear Sirs,

Please find a check in the amount of \$150.00. This check represents payment for our corporate filing. I personally called and spoke with a representative and explained that we never received the first filing application. She instructed me to go and send this letter of explanation along with a check in the amount of \$150.00. If you have any questions, please feel free to contact me at my office. Thank you.

Sincerely,

Steve Weiner

President