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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000031754 (2) DOCUMENT #

SOUTHERN ENERGY ELECTRIC COMPANY, INC.

Principal Place of Business Mailing Address 14621 SW 23RD STREET 14621 SW 23RD STREET DAVIE FL 33325 DAVIE FL 33325 3a. Date of Last Report 3. Date Incorporated or Qualified 01/26/1995 04/25/1994 4, FEI Number Apolied For 2a. Mailing Address 2. Principal Place of Business 65-0487531 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Ζip Z(0)Yes □ No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 Namo DEVEAUGH, PETER Street Address (P.O. Box Number is Not Acceptable) 82 14621 SW 23RD STREET 83 DAVIE FL 33325 Zip Code City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application (NOTE: Registered Agent signature required when rehistating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1.17(f) F TITLE CR2E034 DEVENAUGH, PETER 1.2 NAMÉ NAME 14621 SW 23RD STREET 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33325 1 4 CHTY - ST - ZIP CITY-ST ZIP DELETE [Change ☐ Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY - ST - Z/P CITY-ST-ZIP Addition Change DELETE 4 1 117LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREFT ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP Change ☐ Addition DELETE 6.1 TRUE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CUTY - ST - ZIP 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this aroual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the comparator or the receiver or truntee 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, exercise an attention of the receiver or truntee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name DITY-ST-ZIP

SIGNATURE:

ER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

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