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 # **P94000031754**

SOUTHERN ENERGY FLECTRIC COMPANY, INC.

Principal Plac		Mailing Address			
14621 SW 23RD STREET DAVIE FL 33325		14621 SW 23RD STREET DAVIE FL 33325-4956			
				3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 04/16/1996
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	····	65-0487531	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for it	
24	25	29 30		Florida Statutes	No No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	stered Agent
	ÆAUGH, PETER		81 Name		
	21 SW 23RD STREET /ie fl 33325		82 Street Addre	ess (P.O. Box Number is Not Acceptab	e)
DAV	/IC FL 33329		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 627 050	2 and 607.1508 Florida Statutes	the above-named corp	oration submits this statement for the o	I
office or r agent. La	registered agent, or both, in the State am familiar with land accept the oblig-	of Florida, Such change was autations of, Section 607,0505, Florid	horized by the corporated Statutes.	oration submits this statement for the pon's board of directors. I hereby accept	t the appointment as registered
SIGNATURE		Alone A			DATE
12.	Signature: typical or printed name of registered age OF LICERS AN		registered Agent signature require	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	DEVENAUGH, PETER		1.2 NAME		
STREET ADDRESS	14621 SW 23RD STREET		1.3 STREET ADDRESS	•	
C-TY - ST - ZIP	DAVIE FL 33325		1.4 CITY - ST - ZIP		
TIFLE		DELETE	21 TITLE		Change Addition
NAME PROFEST ASSOCIATE			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CHTY+S1-7IP			2.3 STREET AUDRESS 2. 4 CITY - ST - ZIP	."	
TITLE		DELF1E	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-7/P			3.4. CITY-\$T-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY - ST - ZIP		DELETE	4 4 CITY - ST - ZIP		Change Addition
TITLE		□) DELETE	5 1 TITLE		Li change Li Appliton
NAME	Ĭ				
			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS CITY+S1+ZiP TITLE		DELFTE			Change Addition

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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 is required and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empoweres to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address

FILED

Jan 14 1997 8:00am

Secretary of State