FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
	PROFIT RPORATION	FLORIDA DEPART		Eeb 06 1	997 8:00am
		Sandra B. Secretary			
	1997	DIVISION OF CO		Secret	ary of State
DOCU	MENT # P94000	0035958 (5)			
MEISNE	er electric supply, inc				
Principal Place of Business Malling Address					
220 N.E. 1ST ST. 220 N.E. 1ST ST. DELRAY BEACH FL 33444 DELRAY BEACH FL 33444-3		2710			
CEDUT CEN				3. Date Incorporated or Qualified	3a. Date of Last Report
		······		05/12/1994	02/02/1996
2. Principal F	Place of Business	2a, Mailing Address 26		4. FEI Number	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	te	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	 8. This corporation has liability for Florida Statutes 	intangible tax under s. 199.032,
	9. Name and Address of Curre			10, Name and Address of New Re	
	NET ONNEN		81 Name		·····
	d ne 1st street Ite 400			fress (P.O. Box Number is Not Acceptat)(e)
DE	LRAY BEACH FL 33444		83		
			84 City		FL 65 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named cor thorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	purpose of changing its registered of the appointment as registered
agent. La SIGNATURE	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.		
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: ID DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	
TE.	D		1.1 YITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME	ONNEN, TIM D		1.2 NAME		z
STREET ADDRESS CITY - ST - ZIP	220 N.E. 1ST ST. DELRAY BEACH FL 33444		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		Change Addition
TATLE	D	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	ONNEN, JANET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	220 N.E. 1ST ST. DELRAY BEACH FL 33444		2. 4 CITY - ST - ZIP		8.7
TITLE NAME		DELETE	3.1 TITLE		Change Addition
STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	T beiere	3.4. CITY-ST-ZIP		
TITLE NAME		DELETE	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME			5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
		U DELETE .	6.1 TITLE 6.2 NAME		Change Addition
TITLE NAME STREET ADDRESS		L DELETE .	6.2 NAME 6.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP 14. Loo here	by certify that the information supplie	d with this filing does not qualify	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
TITLE NAME STREET ADDRESS C(TY - ST - ZIP 14. I do here informatic I am an o	on indicated on this annual report or e	d with this filing does not qualify supplemental annual report is tru the receiver or trustee empower	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP for the exemption state e and accurate and the red to execute this report	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the