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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

DOCUMENT # P9400057902 (6)										
ENERGIZE ELECTRIC, INC.										
Principal Place of Business Mailing Address								-{	 	
5524 F. LAKEWOOD CIRCLE 5524 F. LAKEWOOD CIRCLE										
MARGATE	MARGATE FL 33063 MARGATE FL 33063							DO NOT WRITE IN THIS	SPACE	
								3. Date Incorporated or Qualified	OF AUL	
								08/04/1994		1
	ncipal Place of Business 2a. Mailin				ailing Address			4. FEI Number		Applied For
21			26					65-0512590	1	Not Applicable
Suite, Apt	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & Ste	City & State			City & State					· · · · · · · · · · · · · · · · · · ·	Required
23	23			28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip		Country	Zip					8. This corporation owes or has paid the cu		
24	25			29 30				Personal Property Tax due June 30. Yes No		
	9, Name	and Address of Currer	nt Registered	Agent				10. Name and Address of New Registered	Agent	
	MATULA, S'	reven			8	81	Name			j
5524 F. LAKEWOOD CIRCLE						32	Street Addre	ss (P.O. Box Number is Not Acceptable)		
MARGATE FL 33063										
					1	33				
						84 City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida, Such change was authorities.							-named corre		ef changing	ite registered
office or	registered ag	ent, or both, in the State ith, and accept the oblig	of Florida. Su	Joh change was	authorized	by	the corporation	on's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE	anti-carrinical w	in, and accept the oong	ations of, sec	1,000,000,7	ionua otatui	163.	•			
SIGNATURE	Signature, typed	or printed name of registered agr	int and title if applic	able (NO	TE: Registered A	Agen	nt signature required	d when reinstating) DATE		
12.		OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSTD			☐ DELETE	1.1 TITLI				L_i Change	Addition
NAME DESCRIPTION		LA, STEVEN	_			NAME				
STREET ADDRESS		F. LAKEWOOD CIRCL	t			1.3 STREET ADDRESS				ļį
CITY-ST-ZIP	MANU	ATE FL 33063		DELETE	1.4 CITY 2.1 TITLE		- ZIP		Change	Addition
NAME				otter	2.2 NAME				□ Grange	L_J Addition
STREET ADDRESS	1					_	ADDRESS			:
CITY-ST-ZIP					2. 4 CITY					
TITLE	-			☐ DELETE	3.1 TITLE		-		Change	☐ Addition
NAME					3.2 NAM	E				
STREET ADDRESS					3.3 STRE	ET A	ADDRESS			ľ
CITY-ST-ZIP					3.4. CITY		I-ZIP			
TITLE				DELETE	4.1 TITLE				L Change	☐ Addition
NAME					4. 2 NAM					
STREET ADDRESS					4.3 STRE		1			
CITY-ST-ZIP TITLE	<u>-</u>			☐ DELETE	4.4 CITY 5.1 TITLE		- ZIP		Change	Addition
NAME					5.2 NAMI				— viidiiyo	L regulion
STREET ADDRESS					5.3 STRE		DDRESS			
CITY-ST-ZIP					5.4 CITY					
TITLE			•	DELETE	6.1 THTLE				Change	Addition
NAME					6.2 NAME	E				
STREET ADORESS					6.3 STREE	ET A	DORESS			
CITY-ST-ZIP					6.4 City					
14. I hereby c	certify that the	e intermation supplied wi	th this filina d	oes not qualify f	or the exem	intid	on stated in Si	ection 119 07(3)(i) Florida Statutes I further or	ertify that the	information

14. I hereby certify that the information supplied with this filling 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.

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3-3-95

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