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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 19 1998 8:00am

Secretary of State

SERVICE SYSTEMS ELECTRIC OF	CENTRAL FLORIDA, I	INC		
Principal Place of Business	Mailing Address		1 1001/ERI 150 (MIT) BIBLI BRITS BEILL BRITT BETTI METTI IN	AND LEGIN WELDE FINANCENTS THES
310 W CENTRAL PKWY SUITE 710	P O BOX 915141			
ALTAMONTE SPRINGS FL 32714	LONGWOOD FL 32791		DO NOT WRITE IN THI	IS SPACE
us			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		10/03/1994 4. FEI Number	18 14
21 310 W. Central PKWY	26 Naming Address		59-3288420	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.			\$8.75 Additional
22 Suite 7300	27]		5. Certificate of Status Desired	Fee Required
City & State 23 Altamonte Spring S FL	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zţti	Country	8. This corporation owes or has paid the	
24 32714 25 U.S	Popletered Apont	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
DEMORSE, J. D.	riegisiered Agent	81 Name	De Morse	oo Agent
310 W CENTRAL PKWY			ress (P.O. Box Number is Not Acceptable)	
SUITE 7100		310 /	N. Central Pkwy	
ALTAMONTE SPRINGS FL 32714		83 Suite	7300	
			monte Springs F	L 85 Zip Code 32714
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named corr	poration submits this statement 4 the purpose	of changing its registered
office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat	ions of, Section 607 0505, FI	orida Statutes.	tion's board of directors. Thereby accept the a	appointment as registered
SIGNATURE I. D. Dem				
SIGNATURE TO LANGE TO LANGE OF THE OWNER OWNE	multiple distriction abile (NO)	It Durichand Appart signalure requir	red when reinstation) DATE	
12. OF FICERS AND	and the diapple state (NO)	E Registered Agent signature requi	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. OF FIGURE AND THE PTRA	and the diapple state (NO)			
12. OF FIGURE AND TITLE PTRA DEMORSE, J D	DIRECTORS DELETE	13.		ND DIRECTORS IN 12
12. OF FIGURE AND TITLE PTRA DEMORSE, J D STREET ADDRESS 310 W CENTRAL PKWY, SUITE	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ND DIRECTORS IN 12
12. OF FIGURE AND TITLE PTRA DEMORSE, J D STREET ADDRESS CITY-SI-7IP ALTAMONTE SPRINGS FL	DIRI CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ND DIRECTORS IN 12 Change Addition
12. OF FIGURE AND TITLE PTRA DEMORSE, J D STREET ADDRESS CITY-S1-ZIP TITLE ALTAMONTE SPRINGS FL	DIRECTORS DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- 7:P 2.1 TITLE		ND DIRECTORS IN 12
12. OF FIGURE AND TITLE PTRA DEMORSE, J D STREET ADDRESS CITY-SI-7IP ALTAMONTE SPRINGS FL	DIRI CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ND DIRECTORS IN 12 Change Addition
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12. OF FIGURE AND TITLE PTRA DEMORSE, J D STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRI CTORS DECETE 7100	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		ND DIRECTORS IN 12 Change Addition Change Addition
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14. Thereby 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 suppliemental annual report is true 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 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.