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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

DOCUMENT #

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DIVISION OF CORPORATIONS

1. Corporation ACE EL	Name LECTRIC, INC.		•						H YNDAR NAAR 3400	
Principal Place	of Business	Mailing Address					BREIT BRIDE IN		IE INDENI NORIE HORE	
3356 7TH STREET SARASOTA FL 34237		3356 7TH STREET SARASOTA FL 34237								
						3. Date Incorporated or Qualified 01/02/1995	3a. Date	of Last F	Report	
2. Principal Pla 21	ace of Business	28. Mailing Address 26			4. FEI Number 65-0539601	VI WINTER AND AND SAME AND		Applied For Not Applicable		
Suite, Apt #	t, etc	Suite, Apt #, etc				5. Certificate of Status Desired			5 Additional Required	
City & State		C/ty & State			-	Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees	
Ζιρ 24	Country 25	Ζ ₁ ρ 29	Gount 30	ry		This corporation has liability for Florida Statutes		x under s	199.032,	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent				
			8	11	Name					
	nn, robert d H street		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)			
	TA FL 34237		8	3						
			8	4	City			FL 85 Zip Code		
tamilar wit SIGNATURE	h, and accept the obligations of Sections	on 607.0505, Florida Statutes			to prating resources	d of directors. I hereby accept the app	CAIL.		o ogsak i turi	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12	
fift E	D			E			Ī] Change	Addition	
NAME	FRIEDMAN, ROBERT D		1.2 NAM	t						
STREET ADDRESS	3356 7TH STREET		1.3 STRE	ET A	ADORESS					
CITY - ST - ZIP	SARASOTA FL 34237		1.4 CITY		- ZIP	N-4				
TITLE		Delete	2 11111					Change	Addition	
NAME			2.2 NAM							
STREET ADDRESS			1		ADQRESS	•				
CITY-ST-ZIP TITLE		[] DELETE	2.4 City		ZIP			Channe	Market	
NAME		L Delete	3 1 TITL 3 2 NAM		•	•	L.] Change	Add tion	
STREET ADDRESS					ADDRESS					
CITY - ST-ZIP										
TITLE		DECETE	3 4 CITY 4 1 TITL		· E1*			7 Change	Addition	
NAME			4.2 NAM				Ļ	_ ona igis		
STREET ADDRESS					ADDRESS					
CHY-ST-ZIP			43 SIM							
TITLE		☐ DELFTE	5 1 1 i i		****			Change	Addition	
NAME			5.2 NAM				L	90		
STREET ADDRESS					ADDRESS					

5.4 CHY | ST-7(P

6.3 STREET ADDRESS

6.4 CHY - S1 - ZIP

6.1 FRE

6.2 NAME

DELETE

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is vocuntarily furnished and dues not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is now 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 13 indicating advantage of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 indicating advantage of the corporation o 4/17/96 (941) 362-4508

Change

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FILED

Secretary of State

Jun 04 1996 8:00 am