FILE	NOW: FILIN	G FEE AFTE	R MAY 1 I	S \$2	25	.00						
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
	1996	-										
1. Corporation	NENT # PS	95000014	4307 (9	)								
J.E. KK	Sker Electric, II	1C.					k sedak dan kuru kuru kuru kuru kuru kuru kuru kur	IN BONN DONN D	NAL <b>AR</b> ARA NELL		<b>n fili (de</b> i ( <b>de</b> i)	
Principal Place	of Business	Mailu	ng Address									
541 CASHIER WEST PALM	S DRIVE BEACH FL 33413		541 CASHIERS DRIVE WEST PALM BEACH FL 33413									
							3. Date Incorporated or 02/20/1995	Qualified	3a. Date o	of Last Re	port	
2. Principa' Pla 21	ace of Business	2a. N 26	lailing Address				4. FEI Number 056	1222		-	pplied For lot Applicable	
Suite, Apt. #	#, etc	►	Suite, Apt. #, elc.				5. Certificate of Status	Desired	\$8.75 Additional     Fee Required			
Cily & State	;		Dity & State				6. Election Campaign F Trust Fund Contribut			\$5.00	May Be	
Ζφ 24	/y) Country 25		lp	Country 30		,	<ol> <li>This corporation has Florida Statutes</li> </ol>	liability for in	. ~	under s	199.032,	
	9. Name and Address	of Current Registe	red Agent		81	Name	10. Name and Address	of New Re	gistered A	gent		$\neg$
KISKER,	JE				82		ass (P.O. Box Number is No	t Accentable	<u>.</u>			
541 CAS	HIERS DRIVE				83			- notopialite	,			
WEST P/	ALM BEACH FL 33413											
			1		84				FL		Code	
11. Pursuant t or registeri tansibar wit	o the provisions of Section ud agent, or both, in the S h, and accept the obligatio	s 607.0502 and 607.1 late of Floridal Such o pag of Paction 607.05	1508, Florida Statuti hange was authoriz	es, the al ed by the	e cort pove-	named corporation's boar	ation submits this statement d of directors. I hereby acce	for the purp pt the appoi	ose of chan htment as r	ging its re agistered	egistered offic agent. I am	e
SIGNATURE												_
12.	Signature, typest or printee name of r OFF	egistered agent and their app ICERS AND DIRECTO			nt signature required	ADDITIONS/CHANG		DATE ERS AND I	DIRECTO	RS IN 12	-68	
TITLE	D		DELETE	1	1 TITLE					Change	Addition	E034 (12/95)
NAM: Call I. I. Materical	KISKER, J E			1.2 NAME								25
STREET ADORESS CIEVEST-24P	541 CASHIERS DRIVE WEST PALM BEACH FL 33413			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP								
MLE	D		DELETE		1 TITLE					Change	Addition	ä
NAME	KISKER, JOYCE H		2 2	NAME								
STREET ADDRESS	541 CASHIERS DRIV WEST PALM BEACH					ADDRESS						
CHY-ST-ZIP THUE	WEST FALM DEACT	1 FL 33413	DELETE		CITY-S 1 TITLE	5T-ZIP				Change	Addition	
NAME					NAME				<b>-</b>	•	<b>_</b>	
STREET ADDRESS				33	. Stree	I ADDRESS						
CON ST-ZP					CITY-	ST - ZIP				0		
TITLE NAME			DELETE		1 TITLE NAME					Change	Addition	
STREET ADDRESS						ADDRESS						
CITY - S1 - ZIP				4 4	011Y-1	SY-ZIP						
TIALE			DELETE		1 TITLE					Change	Addition	
NAME CLARE LADDOLCK					NAME							
STREET ADDRESS CHTY: STHZIP					I STMEE I CITY-1	t address St-zip						
THE			DELETE		1 TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition	1
NAM:				62	NAME							ĺ
STREET ADDRESS						T ADDRESS						
14. Loo hereb	l y certify that the informatio	n supplied with this fil	ing is voluntarily furn		d doe		or the exemption stated in S	ection 119.0	7(3)(k), Flori	da Statut	es. I further	$\dashv$
certify that oath; that	I the information indicated ( I am an officer or director of	on this annual report of of the corporation or th	prisupplemental ann he receiver or truste	iual repoi ie empov	t is tri	ue and accurat	te and that my signature sha report as required by Chap	ali have the s	ame legal e	ffect as if	made under	
appears in	Block 12 or Block 13 if ch	nanged, or on an attac	hment with add	ress.				~ /	-		600	
SIGNAT	URE: YOU	AND TYPED OR PRINTED N	AME OF SIGNING OFFICE		ECTOR		BB/	96 h	107-6 Day	10 - 4 time Phone 4	247	-

J.