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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P95000054040	(7)

	LICATURE ELECTRIC IN	10				
PAUL C	CHESTNUT ELECTRIC IN	lU.				
Principal Place	of Business	Mailing Address		I (BB)(BB) (IN IBINI NOVI	BAILL BAILL ARISH ABIAL Arist Arber Aber	1) WINII WELI 1941
3050 N.W.106 BLDG 6. SUIT		3050 N.W.106TH AVE. BLDG 6, SUITE 1				
SUNRISE FL		SUNFISE FL 33322		3. Date Incorporated & Q 07/12/1995	ualified 3a. Date of Last R	Report
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	sired 58.7	5 Additional Required
City & State		City & State		6. Election Campaign Fina Trust Fund Contribution		00 May Be
Zφ	Country	28 Zip	Country	8. This corporation has in	bliry for intangible tax under s	
	9 Name and Address of Cu	rrent Registered Agent	30	Florida Statutes	Yes No of New Registered Agent	
			81 Name	OL F. Che	staut Sr.	
	RATE CREATIONS ENTERPRI	ISES INC.	B2 Street Add	ress (P.O. Box Number Is Not	Acceptable) Acceptable) Ave:	
4521 PG SUITE 2			83 RID	0 /0 C	site 1	
	EACH GARDENS FL 33418		84 City	9 0 3 1	FL 85 경	Code 3
L. Pursuant to	o the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the above-named corpo	ration submits this statement for	or the oursees of changing its	registered office
or registere familiar wit	ed agent, or both, in the State of I h, and accept the obligations of S	Florida, Such change was authoriz Sectio 607.0505, Florida Statutes	zed by the corporation's boa s.	ard of directors. I hereby accept	t the appointment as registere	dagent. I am
	n 1 14/60					
GINALI UNID		shouls for		<u> </u>	1/19/19	76
(_]	signature, typed or printed name of registered	agent and title if applicable (NO	OTE: Registered Agent signature require	ed when reinstating)	DATE	16
U	signature, typed or printed name of registered			ed when reinstating)	1/19/19	ORS IN 12
<u>.</u> U	signature, typed or printe6 name of registered OFFICERS	agent and title if applicable (NO AND DIRECTORS	OTE: Registered Agent signature require  13.	ed when reinstating)	DATE TO OFFICERS AND DIRECT	ORS IN 12
E. U	OFFICERS  D CHESTNUT, PAUL F % 3050 N.W.106TH AV	agent and other if applicable (NO AND DIRECTORS DELETE	OTE: Registered Agent signature require  13.  1.1 TITLE	ed when reinstating)	DATE TO OFFICERS AND DIRECT	ORS IN 12
E.  LE  ME V  REEL ADDRESS	Signature, typed or printed name of registered OFFICERS D CHESTNUT, PAUL F	april and other if applicable (NO AND DIRECTORS  DELETE  BLDG 6, SUITE 1	TE: Registered Agent signature require  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 14 City-ST-ZiP	ed when reinstating)	DATE  TO OFFICERS AND DIRECT  Change	ORS IN 12 Addition
E. LE ME V. HEEL ADDRESS IY 61-ZIP	OFFICERS  D CHESTNUT, PAUL F % 3050 N.W.106TH AV	agent and other if applicable (NO AND DIRECTORS DELETE	TE: Registered Agent signature require  13. 1.1 TiffLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City- ST-ZiP 2.1 TiffLE	ed when reinstating)	DATE TO OFFICERS AND DIRECT	ORS IN 12
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PRUL Chestrut //9/96 7427020
Deplace OF DIRECTOR oath, that I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or the appears in Bl