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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076781 (0)

RAN DOR ELECTRIC, INC.

Principal Place of Business Mailing Address 912 SE 33RD ST. 912 SE 33RD ST. CAPE CORAL FL 33904-2944			2944		
				 Date Incorporated or Qualified 10/02/1995 	3a. Date of Last Report 02/02/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0620175	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	a Table 1	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24]	Country 25 9. Name and Address of Cur	7 ip 29	Country 30	B. This corporation has liability for in Florida Statutes 10. Name and Address of New Re	Yes No
	to the provisions of Sections 607.0 egisterca agent, or both, in the Strutamillar with and accept the ob	0502 and 607.1508, Florida Stat ale of Florida. Such change was ligations of, Section 607.0505,	83 84 City	poration submits this statement for the p	FL 85 Zip Code
SIGNATURE	Signature, typed or printed having of registered	·	OTE: Registered Agent signature requ		DATE
12. ԾՈԼԲ	VTS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	BROWN, DOREEN A 912 SE 33RD ST CAPE CORAL FL	E DECE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Adminit
TOLE NAME		DELETE	2.1 TITLE 2.2 NAME	•	Change Addition
STREET ADDRESS CITY-ST-ZIF TITLE		DELETE	2.3 STREET ADDRESS 2.4 CITY+ST-ZIP 3.1 TITLE		Change Addition
NAME STREET ADDRESS		C Section	3.2 NAME 3.3 STREET ADDRESS		C Grange C Aug-ton
CHY-SI-ZIP THLE NAME		DELETE	3.4. CITY - ST- ZIP 4.1 TITLE 4. 2 NAME		Change Addition
STREET ADORESS CITY: ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDIRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

14. I do hereby 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 supplemental 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 comporation 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 attraforment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CHY-ST ZIE

STREET ADORESS

TITLE

NAME

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

8/21/97 (941) 458-9997

Change

Addition

FILED

Feb 26 1997 8:00am

Secretary of State

R2E034 (9/96)