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

PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097162 (8)

SHOCKING PINK, THE ELECTRIC COMPANY, INC.

Principal Place 961 SE 8TH S POMPANO BEA	T	361 SE 8TH ST	Mailing Address 361 SE 8TH ST POMPANO BEACH FL 33060-8445						
						3. Date incorporated or Qualified 12/19/1995		of Last R	eport
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21		26				65-0645267	***************************************		t Applicable
Suite, Apt	#, etc.	Suite, Apt. (Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	0	City & State)			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip 24	Country 25	Zip [29]	30	Country	y	This corporation has liability for Florida Statutes		x under s. No	. 199.032,
	9. Name and Address of	Current Registered Agent				10. Name and Address of New Re	agistered A	jent	
JAK	ala, steve s			81	Name				
361 SE 8TH ST POMPANO BEACH FL 33060					Street Ad	ddress (P.O. Box Number is Not Acceptable)			
PUN	MEANU DEAUTH PL 33000			83		سان پر پر پر ویون در			
				84	City		FL	85 Zip (Code
SIGNATURE	m familiar with, and accept the	itered agent and title if applicable	(NOTE: Heg	stored Ag		Julied when reinstaling)	DATE		
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D ANNAL OF THE O] (•	1 1 THLE			l	☐ Change	Addition
NAME	JAKALA, STEVE S			12 NAME					
STREET ADDRESS	361 SE 8TH ST	0000			T ADDRESS				
CITY-ST-ZIP					S1 - ZIP			Chanco	Addison
TITLE		الا		21 TITLE			i.	_] Change	Addition
NAME				2.2 NAME	2 40000100				
STREET ADDRESS			4		1 ADDRESS				
CITY-ST-ZIP TITLE				2. 4 CITY- 3.1 TITLE	51-ZIP		~	Change	Addition
NAME		۵.		3.2 NAME			L		710011011
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				3.4. CITY-					
TITLE				4,1 TITLE	<u> </u>		[Change	Addition
NAME			1	4. 2 NAME			_	-	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4.4 City-					
TITLE				5.1 TITLE			[Change	Addition
NAME				52NAME	1				

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 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.

5.3 STREET ADDRESS 5.4 ICITY - ST- ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

Change

Addition

FILED

May 13 1997 8:00am

Secretary of State