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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

		# P960(ELECT, INC.	0003	37345 (1)						
Principal Place of Business Mailing Address								-{	adioa Pari H odao Hila	ELDBI BILL FOLL
801 12TH AVENUE SOUTH SUITE 302 NAPLES FL 33940				801 12TH AVENUE SOUTH SUITE 302 NAPLES FL 33940				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
2, Principal P	lace of Busin	1000	1 24	, Mailing Address				04/30/1996 4. FEI Number		Applied For
H				26				65-0663632	 	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					60.7 5	Additional
12				27				5. Certificate of Status Desired	, , , , , , ,	Required
City & State				City & State				8. Election Campaign Financing	\$5.0	O May Be
13			28	28						d to Fees
Zip 24	Country 25		29	Zip Country			This corporation owes or has paid Personal Property Tax due June 36		Intangible	
	g, Name	and Address of Curi		stered Agent	<u> </u>			10. Name and Address of New Regis		
BA	ILEY, SIMO	NS				11 Name	_			
801 12TH AVENUE SOUTH					82 Street Add		Addre	ss (P.O. Box Number is Not Acceptable	1)	
SUTIE 302					Street Add					
NA:	PLES FL 33	3940]6	13				
						4 City			85 Zi	p Code
			<u> </u>			1 -			FL	
SIGNATURE	_	or printed name of registered OFFICERS A	agent and te	rr if applicable (NO				oration submits this statement for the pur on's board of directors. I hereby accept d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	······································
TITLE	D			DELETE	1.1 TITL	<u> </u>			Change	
NAME	BAILEY.	SIMON S			1.2 NAM	IE .	1			
STREET ADDRESS	STREET ADDRESS 801 12TH AVE. SOUTH #302			1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES	FL 33940			1.4 CITY	- \$1 - ZIP				
TITLE				DELETE	2.1 TITL	E			Change	e Addition
NAME					2.2 NAM	IE				
STREET ADDRESS	•				2.3 STR	EET ADDRESS	ĺ			
City-St-ZiP						Y-ST-ZIP				
TITLE				☐ DELETE	3.1 TITL				Li Chang	e L_] Addition
NAME)				3.2 NAM					
STREET ADDRESS						EET ADDRESS				
CITY-ST-ZIP	ļ <u>.</u>			DELETE		Y-ST-ZIP	 -		Chang	e Addition
TITLE	1			L DECEIE	4.1 TITL				L Unang	e LJ Addition
NAME	ĺ				4. 2 NA		l			
STREET ADDRESS					1	EFT ADDRESS				
CITY-ST-ZIP TITLE				DELETE	5.1 TITL	'-\$T-ZIP F	 		☐ Chang	e Addition
NAME	1				5.2 NAM		1			
STREET ADDRESS						EET ADDRESS	1			
CITY-ST-ZIP						-\$1-ZIP	Į.			
TITLE				DELETE	6.1 TITL		 -		☐ Chang	e Addition
NAME				- -	6.2 NAM		1	•	•	
STREET ADDRESS						EET ADDRESS				
CITY-ST-ZIP					6.4 CITY	- \$1- ZIP				

Thereby 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 armital apport or supplemental annual report is true 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 report 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 affactment with an address.

FILED

May 06 1998 8:00am

Secretary of State