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

DOCUMENT # P96000044048 (2)

E.L. GENERATORS, INC.

FILED Apr 15 1998 8:00am Secretary of State

The delignation into				
Principal Place of Business	Mailing Address		- TOURINGE THE COLOR BUTTLE BOTTLE BOLTE BOTTLE BOT	1188 DIVIT BUTTE 41881 IBIT 1891
5751 SOUTHWEST 45 TERRACE MIAMI FL 33155	5751 SOUTHWEST 45 MIAMI FL 33155	TERRACE	DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified 05/23/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0666249	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
1 City & State	City & State		Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Zip	Country	8. This corporation owes or has paid the c	
	29 of Current Registered Agent	30	Personal Property Tax due June 30.	Yes No
	Or Current Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
LEMAIRE, FRANK 5751 SW 45TH TERRACE		OT Name		
MIAMI FL 33155		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33133		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Section	s 607.0502 and 607.1508, Florida Stati	utes, the above-named corp		
office or registered agent, or both, in	the State of Florida, Such change was the obligations of, Section 607,0505.	authorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	opointment as registered
· ·	The ornigations of, deciron 607.0000, r	Torida Statutes.		
SIGNATURE Signature typed or printed name of i	egistered agent and title if application. (NC	OTE Registered Agent signature requir	red when reinstating) DATE	
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE PSTD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME LEMAIRE, FRANK P		1.2 NAME		[;
STREET ADDRESS 5751 SOUTHWEST 4	15 TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY - ST - ZIP		(
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP		Discon Linegra
TITLE	□ becet€	3.1 TITLE		☐ Change ☐ Addition
NAME Street address		3.2 NAME		
		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.1 TITLE		Change Addition
NAME	C Drivie	4. 2 NAME		Cusude C Vocation
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ D£LETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-2IP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-S1-ZIP		
44 11 1 11 11 11 11 11				

I 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 oath; 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.