

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077823 (8)

1. Corporation Name

ATLANTIC SOUTH ELECTRIC, INC.

Principal Place of Business

980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON FL 33432-2704



2. Principal Place of Business		3a. Date of Last Report	
21 2519 No. Federal Hwy		09/18/1996	
22 Suite, Apt. # etc.		4. FEI Number	
23 Delray Beach, FL		65-0696133	
24 33483		5. Certificate of Status Desired	
25 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing	
27 2519 N. FEDERAL HIGHWAY		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28 DELRAY BEACH, FL 33483		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUBIN, STEVEN D 980 NORTH FEDERAL HIGHWAY SUITE 434 BOCA RATON FL 33432		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	VICE President
NAME	GOGGIN, PATRICK	1.2 NAME	Huskey, Shirley I.
STREET ADDRESS	518 ELDORADO LANE	1.3 STREET ADDRESS	518 ELDORADO LANE
CITY - ST - ZIP	DELRAY BEACH FL 33444	1.4 CITY - ST - ZIP	Delray Bch., FL. 33444
TITLE	DELETED	2.1 TITLE	President
NAME	BEHLMER, JIM	2.2 NAME	GOGGIN, Patrick B.
STREET ADDRESS	5348 CATTAIL CIRCLE	2.3 STREET ADDRESS	518 ELDORADO LANE
CITY - ST - ZIP	LAKE WORTH FL 33487	2.4 CITY - ST - ZIP	Delray Bch., FL 33444
TITLE	DELETED	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETED	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETED	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETED	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SHIRLEY I. HUSKEY 3/13/97 561-243-8512

CR2E034 (9/96)