FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P97000066535 (0) GRAND ELECTRIC CORPORATION Principal Place of Business Mailing Address 2162 NW 63RD AVE 2162 NW 63RD AVE MARGATE FL 33063-2227 MARGATE FL 33063-2227 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 2. Principal Place of Business 21 / 905 NW 55 AVE 2a. Mailing Address P.O. BOX Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be HEBATE, FL Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Name and Address of Current Registered Age Name and Address of New Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE SUITE 900 **MIAMI FL 33131** this statement for the purpose of changing its registered 11, Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. ZLEN S **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE THOMAS, GERARD A NAME 1.2 NAME Thomas, Gerard A 2/62 NW GBRD AVE 2162 NW 63RD AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063-2227 1.4 CITY - ST - ZIP Change TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change 3.1 TETLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS

14. 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 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 chapter 607 or on an all exhaught with an address.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

CITY-ST-ZIP

TITLE NAME

Change

Change

Change

Applied For

Addition

■ Addition

Addition

Addition

Addition