


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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000100970 (7)
 1. Corporation Name
FISHER ELECTRIC TECHNOLOGY, INC.



Principal Place of Business 5870 SCHERER DRIVE ST. PETERSBURG FL 33716	Mailing Address 5870 SCHERER DRIVE ST. PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2870 Scherer Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 2870 Scherer Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/26/1997	
22		27		4. FEI Number 59-3485624	
23 City & State St. Petersburg.		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROIG, RICARDO A
 201 N. FRANKLIN STREET
 SUITE 2600
 TAMPA FL 33602**

10. Name and Address of New Registered Agent
 81 Name **Nancy J. Preis**
 82 Street Address (P.O. Box Number is Not Acceptable)
2870 Scherer Drive, #300
 83
 84 City **St. Petersburg** **FL** 85 Zip Code **33716**

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 *Nancy Preis* DATE **4/29/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Nancy J. Preis	
STREET ADDRESS	2870 Scherer Drive #300	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Geoff McLelland	
STREET ADDRESS	2870 Scherer Drive #300	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Dr. Richard Horbal	
STREET ADDRESS	1415 Center Ave C-108	
CITY-ST-ZIP	Essexville, MI 48732	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Nancy Preis* DATE: **4/29/98** 813-572-9422

CR2E034 (10/97)