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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90176 022 ***150.00

DOCUMENT # **P98000023790**

1. Corporation SOUTHE	AST ELECTRIC, INC.]			
Principal Place	e of Business	Mailing Address				i i a di i da di i con i a di con di a di con di	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 19171 0071 1001
121 PINE ISLAN		121 PINE ISLAND DRIVE			724			
WINTER HAVEN	FL 33880	WINTER HAVEN FL 33880		11	9	DO NOT WRITE IN THIS	SPACE	
		11.011	20X	///=	ا ح	3. Date Incorporated or Qualifed		
		WINTERA	Luise	u Fl	'	03/12/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		338	82	- FEI Number	Ar	pplied For
21		26				59-7133658	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27						equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28 Zio	Coun	157 	يتسمست	Trust Fund Contribution 8. This corporation owes the current year Ir		to Fees
≃—Zip ≥= i		├─¬ ^.'	30	u y		Personal Property Tax.	Yes	No
24	9. Name and Address of Current	Registered Agent	30			10. Name and Address of New Registered	l Agent	
	o. Italia alia pasioso oi ositolio			B1 Name				
STR/	aughn, richard e		-	32 Street	Addros	ss (P.O. Box Number is Not Acceptable)		
	PINE ISLAND DRIVE	1 - 5-6		Jan Sueet	Auules	S (F.O. Box Number is Not Acceptable)		
WINT	TER HAVEN FL 33880			B3				
			-	B4 City			85 Zip	Code
				1		<u>FI</u>	_	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was a	autnonzeo	by the comb	corpor oration	ation submits this statement for the purpose of submits this statement for the purpose of submits the appearance of directors. I hereby accept the appearance of the submits accept the appearance of the submits accept the s	f changing its sintment as re	registered egistered
		,						!
SIGNATURE					romuired W	when reinstation) DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOT			required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOT	E: Registered /	gent signature	required v		ND DIRECTO	DRS IN 12
12.	OFFICERS AND	and title if applicable. (NOT	E: Registered A	egent signature	required v			
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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, with all other like empowered.

SIGNATURE:

MATURE AND TYPES OR PROVED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99 294-2499 Daytime Phone #