

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000042566**  
Corporation Name

**ELECTRA CAPITAL GROUP, INC.**

Principal Place of Business Mailing Address  
355 WEST PALMETTO PARK ROAD #118 1355 WEST PALMETTO PARK ROAD #118  
BOCA RATON FL 33486 BOCA RATON FL 33486

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90006 034 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc. #118		Suite, Apt. #, etc. #118		05/12/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0834105	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes the current year	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Trust Fund Contribution \$5.00 May Be Added to Fees		Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER		81 Name	
343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		83	
		84 City	
		FL 85 Zip Code	

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BURSTEIN, GRETA	1.2 NAME	
REET ADDRESS	1355 WEST PALMETTO PARK ROAD #118	1.3 STREET ADDRESS	
Y-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

7/6/99

561 2413538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)