

DOCUMENT # P98000103045						
1. Entity Name REICHENBACH ELECTRIC, INC.						
Principal Place of Business 741 HAVANA DRIVE BOCA RATON FL 33487			Mailing Address 741 HAVANA DRIVE BOCA RATON FL 33487-4118			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
6. Name and Address of Current Registered Agent						
REICHENBACH, BRIAN 741 HAVANA DRIVE BOCA RATON FL 33487					Name	
					Street Address ()	
					City	
8. The above named entity submits this statement for the purpose of changing its registered office or register						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS						
TITLE	P REICHENBACH, BRIAN <input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete				TITLE	
NAME					NAME	
STREET ADDRESS					STREET ADDRESS	
CITY-ST-ZIP					CITY-ST-ZIP	

05-09-2000 90078 036 ***158.75



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	65-0433816	Applied For
						Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
REICHENBACH, BRIAN 741 HAVANA DRIVE BOCA RATON FL 33487	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICHENBACH, BRIAN 741 HAVANA DRIVE BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

4-22-2000

CR2E034 (9/99)