

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

**FILED**  
**Apr 04 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S33928**

**(0)**

1. Corporation Name  
**ELECTIC CONSULTANTS, INC.**



Principal Place of Business  
**6350 NW 177 STREET  
 PALM SPRINGS NORTH FL 33015**

Mailing Address  
**6350 NW 177 STREET  
 PALM SPRINGS NORTH FL 33015-3645**

3. Date Incorporated or Qualified **02/22/1991** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0252925** Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEIDEN, JAN K.  
 2250 SW THIRD AVENUE  
 5TH FLOOR  
 MIAMI FL 33129**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS            |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |  |
|---------------------------------------|------------------------------------|---|--|
| TITLE <input type="checkbox"/> DELETE | PD <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                  | FINK, CRAIG                        | 1.2 NAME  |  |
| STREET ADDRESS                        | 8350 NW 177 STREET                 | 1.3 STREET ADDRESS  |  |
| CITY - ST - ZIP                       | PALM SPRINGS NO. FL                | 1.4 CITY - ST - ZIP   |  |
| TITLE <input type="checkbox"/> DELETE | S <input type="checkbox"/> DELETE  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                  | MILLER, KATE                       | 2.2 NAME  |  |
| STREET ADDRESS                        | 325 LONG HILL RD                   | 2.3 STREET ADDRESS  |  |
| CITY - ST - ZIP                       | GUILFORD CT                        | 2.4 CITY - ST - ZIP   |  |
| TITLE <input type="checkbox"/> DELETE |                                    | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                  |                                    | 3.2 NAME  |  |
| STREET ADDRESS                        |                                    | 3.3 STREET ADDRESS  |  |
| CITY - ST - ZIP                       |                                    | 3.4 CITY - ST - ZIP   |  |
| TITLE <input type="checkbox"/> DELETE |                                    | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                  |                                    | 4.2 NAME  |  |
| STREET ADDRESS                        |                                    | 4.3 STREET ADDRESS  |  |
| CITY - ST - ZIP                       |                                    | 4.4 CITY - ST - ZIP   |  |
| TITLE <input type="checkbox"/> DELETE |                                    | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                  |                                    | 5.2 NAME  |  |
| STREET ADDRESS                        |                                    | 5.3 STREET ADDRESS  |  |
| CITY - ST - ZIP                       |                                    | 5.4 CITY - ST - ZIP   |  |
| TITLE <input type="checkbox"/> DELETE |                                    | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                                  |                                    | 6.2 NAME  |  |
| STREET ADDRESS                        |                                    | 6.3 STREET ADDRESS  |  |
| CITY - ST - ZIP                       |                                    | 6.4 CITY - ST - ZIP   |  |

14. I do 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: *Craig Fink*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CRAIG FINK*

*3-31-97*

Date

*305 825-2806*

Daytime Phone #

CR2E034 (9/96)