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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S78989

(8)

Mailing Address

ELECTRICAL SYSTEMS, INC.

F	ILEL)
Apr 23	1997	8:00am
Secret	pr 23 1997 8:00am Secretary of State	



960 CYPRESS D STE 1 TEQUESTA FL			P.O. BOX 3104 TEQUESTA FL 33469-0104 US			Los Date all lest Devos	
US					3. Date Incorporated or Qualified 09/06/1991	3a. Date of Last Report 03/29/1996	
2. Principal Pla	ace of Busin	ness	2a. Mailing Address		4. FEt Number	Applied For	
21 26			65-0281521	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
27 City & State City & State			C Floation Compaign Financian				
23			28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip		Country	7 ₁ p	Country	8. This corporation has liability for		
24		25	29	30		☐ Yes ☐ No	
	9, Name	and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
HUM	PAGE, JAI	MES R.		B1 Name			
360	FIESTA AV	/ENUE		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
TEQ	JESTA FL	33469		426	B Cypress Drive		
				83			
				84 City		85 Zip Code	
						FL S 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							
	Signature, typed	or printed name of registered		E Rog stered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
12.	D	OFFICERS	AND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition	
TITLE NAME	_	BE, JAMES R.	L_J OLICIL	1.2 NAME			
		STA AVENUE		1.3 STREET ADDRESS	426 B. Cypress Dr	4 70	
STREET ADDRESS	TEQUES'			1.4 C(1Y+S1+ZIP	420 B. Cypress Dr	146	
CITY-ST-ZIP TITLE	VP	INIL	DELETE	2.1 TITLE		Change Addition	
NAME	**	BE, JAMES		2.2 NAME			
STREET ADDRESS	360 FIES			2.3 STREET ADDRESS	426 B. Cunnoda Dr	in	
CITY-ST-ZIP	TEQUES			2. 4 CITY - ST - ZIP	426 B. Cypress Dr	ive	
TITLE	8		∡ DELETE	31 TIFLE		☐ Change ☐ Addition	
NAME	BERTHO	LF, BETHANY L		3.2 NAME			
STREET ADDRESS		. RIVERBOAT DR.	# 913	3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART	FL		3 4. CITY - S1 - ZIP			
TITLE			DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAME				4 2 NAME			
STREET ADDRESS				4 3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY - ST - ZIP			
TITLE			☐ DELETE	5 1 THTLE		Change Addition	
RAME				52 NAME			
STREET ADORESS				5.3 STREFT ADDRESS			
CITY-ST-ZIP				5.4 CHY- S1 - ZIP		Da. Dire	
TITLE			☐ DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAMC			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP		at the information	المستحدد والمرابع	6.4 CITY-ST-Z4R	ated in Section 110.07/2V/V Floride Clat.4	on I further certify that the	
informatio informatio I am an of appears in	ny ceruity that n indicated ficer or dire n Block 12 c	on this annual report ictor of the corporation or Block 13 if change	by a with this hing afters not quality of supplemental arthual report is to or the receiver or hystee empoying or an attachment with an ad-	true and accurate and twered to execute this redress.	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg sport as required by Chapter 607, Florida	as. I had not certify that the all effect as if made under eath; that Statutes; and that my name	