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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

1/23/97 (305) 933 4442

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V14757

(1)

SASSON ELECTRIC, INC.

CITY-ST-7P

SIGNATURE:

Principal Place of Business Mailing Address 2501 N.E. 195TH STREET 2501 N.E. 195TH STREET NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180-2211 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1992 05/01/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0323151 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zipi Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SASSON, ISAAC Name 2501 N.E. 195TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33180 83 84 City 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of expetiered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 12. DELETE Change 11 TITLE 100.6 SASSON, ISAAC 12 NAME NAME CR2E034 2501 NE 195TH ST 13 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 14 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 21 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE Till, E NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE NAVE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP CITY - S1 - ZIP DELETE ☐ Change Addition TITLE 5.1 11TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City ST-ZIP DELETE Change Addition 61 TITLE THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.