FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54378 (7)

1. Corporation Name
ELECTRIC OUTLET CORPORATION

Principal Place of Business
2055 NE 151ST STREET
N. MIAMI BCH FL 33162
US

Mailing Address
2055 NE 151ST STREET
N. MIAMI BCH FL 33162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1992
3a. Date of Last Report: 03/08/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2015 NE 151st St
Suite, Apt. #, etc.
22
City & State
23 North Miami Beach, FL
Zip
24 33162
Country
25 DADE

2a. Mailing Address
26 2015 NE 151st St.
Suite, Apt. #, etc.
27
City & State
28 North Miami Beach, FL
Zip
29 33162
Country
30 DADE

9. Name and Address of Current Registered Agent

SELZ, STEVEN M
777 S. FLAGLER DR, 8TH FL
WEST TOWER
W. PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name: IRA Gutt, Esq., BEHAR, Gutt + Glazer, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 Street
83 Suite # 800
84 City: Aventura FL
85 Zip Code: 33180

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: Ira Gutt IRA GUTT 4/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SALTZMAN, MARK
STREET ADDRESS	2055 NE 151ST ST
CITY ST ZIP	N MIAMI BEACH FL
TITLE	VSD
NAME	BEOLET, DOUGLAS
STREET ADDRESS	2055 NE 151ST ST
CITY ST ZIP	N MIAMI BEACH FL
TITLE	TD
NAME	BUDMAN, BARTON
STREET ADDRESS	2055 NE 151ST ST.
CITY ST ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V/D	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	P/D	☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE	T/S/D	☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bart Budman Treasurer/Dir 3/23/95 305-945-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0176010 CP