

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 473585

1. Corporation Name

STRYKER ELECTRICAL CONTRACTING, INC.

Principal Place of Business

825 PARKWAY STREET
SUITE 1
JUPITER FL 33458

Mailing Address

825 PARKWAY STREET
SUITE 1
JUPITER FL 33458

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/04/1975

4. FEI Number

59-1584267

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 owes the current year Intangible
Personal Property Tax.

Yes No

DO NOT WRITE IN THIS SPACE



KRAMER, ROBERT M ESQ.
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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

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 D
NAME KRAMER, ROBERT M
STREET ADDRESS 2801 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 00000

DELETE

TITLE D
NAME ZUCKERMAN, LESLIE H
STREET ADDRESS 2801 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 00000

DELETE

TITLE P
NAME BRYAN, MICHAEL G.
STREET ADDRESS 825 PKWY. ST.,STE.4
CITY-ST-ZIP JUPITER, FL 00000

DELETE

TITLE V
NAME BRYAN, WILLIAM C.
STREET ADDRESS 825 PKWY. ST.,STE.4
CITY-ST-ZIP JUPITER, FL 00000

DELETE

TITLE V
NAME ROBERTS, ROBERT S.
STREET ADDRESS 825 PKWY. ST.,STE.4
CITY-ST-ZIP JUPITER FL

DELETE

TITLE ST
NAME BRYAN, SHARON H.
STREET ADDRESS 825 PKWY. ST.,STE.4
CITY-ST-ZIP JUPITER FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE FINISHED 09, BY 12/3/99

Date

Daytime Phone #

561-744-7192

CR2E034 (1/98)

05/7/98