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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 512836

(8)

Mailing Address

E.T. INCORPORATED

Principal Place of Business

FILED Jan 23 1998 8:00am Secretary of State



2091 N.W. 1391H S1. D/B/A ELECTRICAL TECHNIQUES OPA LOCKA FL 33054 D/B/A ELECTRICAL TECHNIQUES OPA LOCKA FL 33054 OPA LOCKA FL 33054		CHNIQUES	3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1976	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-1733157	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the current	t year Intangible	
24 25	29	30	Personal Property Tax due June 30.		
9. Name and Address of Curren	t Registered Agent		Name and Address of New Registered Age	ent	
PETER J. FINNEGAN		81 Name			
2091 N.W. 139 ST.		82 Street	Address (P.O. Box Number is Not Acceptable)		
OPA LOCKA FL 33054		83			
		84 City	p 8	S Zip Code	
			FL I	1	
The Pursuant to the provisions of Sestions 607,050, office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the provision	2 and 607, 1508, Florida Statute of Florida, Such change was a litions of, Section 607, 0505, Flori	s, the above named uthorized by the cou ida Statutes.	d corporation submits this statement for the purpose of che poration's board of directors. I hereby accept the appoint		
Signature, typed or printed name of registered ager			e required when reinstating)DATE.		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE STD	DELETE	1,1 TITLE	⊔	Change	
NAME SCHREIDELL, SIDNEY F.		1.2 NAME		!	
STREET ADDRESS 12851 STIRLING ROAD		1.3 STREET ADDRESS		[;	
CITY-ST-ZIP FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP			
TITLE PD	☐ DELETE	2.1 TITLE		Change Addition	
NAME FINNEGAN, PETER J.		2.2 NAME		Ĭ	
STREET ADDRESS 2091 N.W. 139 ST.		2.3 STREET ADDRESS	,		
CITY-ST-ZIP OPA LOCKA FL	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY - ST - ZIP			
TITLE	DELETE	3.1 TITLE		Change	
NAME		3.2 NAME	į.		
STREET ADDRESS		3.3 STREET ADDRESS		ļ	
CATY - ST - ZIP		3.4. CITY - ST - ZIP		_·	
TITLE	☐ DELETE	4.1 TITLE		Change	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS	1	ļ	
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	
NAME		5.2 NAME		1	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP]	
TITLE	DELETE	6.1 TITLE		Change	
NAME		6.2 NAME			
STREET ADDRESS			1		
l l		6.3 STREET ADDRESS		1	
CITY - ST - ZIP		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			

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 an an attachment with an address.

Sidney F. Schraidell Control of the corporation of the receiver of 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 an attachment with an address.

SIGNATURE:

OGE AND TWEET OR ROUTED WAILS OF SIGNING OFFICER OR DIRECTOR

1-13-98

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