

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 640550 (0)**

1. Corporation Name

**J. A. C. ELECTRIC, INC.**



Principal Place of Business

Mailing Address

**939 ADAMS STREET  
HOLLYWOOD FL 33019**

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HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified <b>08/23/1979</b>	3a. Date of Last Report <b>03/16/1995</b>
4. FEI Number <b>59-1934779</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

**9. Name and Address of Current Registered Agent**

**CARLOZZI, ENRICO  
939 ADAMS ST.  
HOLLYWOOD FL 33019**

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	STREET ADDRESS	13. STREET ADDRESS	14. STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	15. CITY - ST - ZIP	16. CITY - ST - ZIP
TITLE	NAME	21. TITLE	22. NAME
STREET ADDRESS	STREET ADDRESS	23. STREET ADDRESS	24. STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	25. CITY - ST - ZIP	26. CITY - ST - ZIP
TITLE	NAME	31. TITLE	32. NAME
STREET ADDRESS	STREET ADDRESS	33. STREET ADDRESS	34. STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	35. CITY - ST - ZIP	36. CITY - ST - ZIP
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS	STREET ADDRESS	43. STREET ADDRESS	44. STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	45. CITY - ST - ZIP	46. CITY - ST - ZIP
TITLE	NAME	51. TITLE	52. NAME
STREET ADDRESS	STREET ADDRESS	53. STREET ADDRESS	54. STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	55. CITY - ST - ZIP	56. CITY - ST - ZIP
TITLE	NAME	61. TITLE	62. NAME
STREET ADDRESS	STREET ADDRESS	63. STREET ADDRESS	64. STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	65. CITY - ST - ZIP	66. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**ENRICO CARLOZZI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/5/96-654-0887**  
Date Daytime Phone #

CR2E034 (3/96)