

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 15 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 670105 (6)
 1. Corporation Name
 CONTROL ELECTRIC SERVICES, INC.



Principal Place of Business
 209 LIVE OAK BLVD
 CASSELBERRY FL 32707

Mailing Address
 209 LIVE OAK BLVD
 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1706 E Semoran Ave Suite, Apt. #, etc. Ste 128 City & State Apopka Fl Zip 32703 Country USA		2a. Mailing Address 26 1706 E Semoran Ave Suite, Apt. #, etc. Ste 128 City & State Apopka Fl Zip 32703 Country USA		3. Date Incorporated or Qualified 05/14/1980
22		27		4. FEI Number 59-2001098 Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent OFFICE: SUSAN L. 829 TRAILWOOD DR APOPKA FL 32712				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICE, SALVATORE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFICE, SALVATORE	1.2 NAME	
STREET ADDRESS	829 TRAILWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	SP OFFICE, SUSAN L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFICE, SUSAN L.	2.2 NAME	
STREET ADDRESS	829 TRAILWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Susan L. Office* 7-6-98 (407) 8148900

CR2E034 (5/98)