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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K09017 (0)
 1. Corporation Name
SUN KRAFT ELECTRICAL CONTRACTING, INC.



Principal Place of Business Mailing Address
644 CLEARLAKE ROAD STE A COCOA FL 32922-6310 US

3. Date Incorporated or Qualified **12/23/1987** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2862438** Applied For Not Applicable
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30
 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ISAACS, JAMES
644 CLEARLAKE RD.
COCOA FL 32922
 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 _____ DATE _____
Signature of principal or president or other officer of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|------------------------------|---|--|
| TITLE <input type="checkbox"/> DELETE | NAME | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| ISAAC, JAMES | 644 CLEARLAKE RD COCOA FL | 1.2 NAME | |
| VS | ISAAC, JUDY | 1.3 STREET ADDRESS | |
| ISAAC, JUDY | 644 CLEARLAKE RD COCOA FL | 1.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | 2.2 NAME | |
| <input type="checkbox"/> DELETE | | 2.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 2.4 CITY-ST-ZIP | |
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| <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | | 6.2 NAME | |
| <input type="checkbox"/> DELETE | | 6.3 STREET ADDRESS | |
| <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP | |

14. I do 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: *Judy Isaacs* **JUDY ISAACS** 2-26-97 407-632-7169
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)