

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22035** (2)
1. Corporation Name
FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN C.



Principal Place of Business 8581 AVENUE C ORLANDO FL 32827 US		Mailing Address 8581 AVENUE C ORLANDO FL 32827-5033 US		3. Date Incorporated or Qualified 08/13/1987	3a. Date of Last Report 04/12/1996
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-2866435	Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SASSO, MICHAEL 1031 W. MORSE BLVD. WINTER PK FL 32789		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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SCHULZ, RICHARD A.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	127 SEMORAN COMMERCE PL	1.2 NAME	
CITY-ST-ZIP	APOPKA FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	32703
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, STEPHEN	2.2 NAME	
STREET ADDRESS	630 KISSIMMEE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCCOE FL	2.4 CITY-ST-ZIP	34761
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT	3.2 NAME	
STREET ADDRESS	1428 E SEMORAN BLVD SUITE 120	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	32704
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JESSIE	4.2 NAME	
STREET ADDRESS	410 NORTH STREET UNIT 130	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	32750
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOONEY, GARY	5.2 NAME	Michael Freiner
STREET ADDRESS	430 WEST DRIVE	5.3 STREET ADDRESS	630 Kissimmee Ave.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, DAVID	6.2 NAME	
STREET ADDRESS	430 W DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPQS FL	6.4 CITY-ST-ZIP	32714

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Michael Freiner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0018314**

CR2E037 (9/96)