

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46236 (8)

1. Corporation Name
**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,
SOUTH FLORIDA CHAPTER, INC.**



Principal Place of Business Mailing Address
15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131 **15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131**

3. Date Incorporated or Qualified **12/02/1991** 3a. Date of Last Report **02/08/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0434817		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**HOLSTEIN, ROBERT W
15665 MIAMI LAKEWAY #302
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JACK	1.2 NAME	ROBERT W. ANDREWS
STREET ADDRESS	6900 NE 4 CRT	1.3 STREET ADDRESS	12316 SW 117 CRT
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL 33186
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELLING, AL	2.2 NAME	HARRY CHILDS
STREET ADDRESS	6187 NW 167 ST #H3	2.3 STREET ADDRESS	13610 SW 142 AVE
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	MIAMI, FL 33186
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDS, HARRY	3.2 NAME	JOHN GAYMAN
STREET ADDRESS	13610 SW 142 AVE	3.3 STREET ADDRESS	10440 SW 184 TERR
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI, FL 33157
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, TOM	4.2 NAME	JACK HIGGINS
STREET ADDRESS	5521 NW 84 AVE	4.3 STREET ADDRESS	6900 NE 4 CRT
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	MIAMI FL 33138
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, BILL	5.2 NAME	AL SNELLING
STREET ADDRESS	3925 S.W. 82 AVENUE	5.3 STREET ADDRESS	6187 NW 167 ST #H-3
CITY - ST - ZIP	MIAMI FL 33155	5.4 CITY - ST - ZIP	MIAMI FL 33015
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVE, JACK	6.2 NAME	FRANK HEGEDUS
STREET ADDRESS	8750 S.W. 132 STREET	6.3 STREET ADDRESS	885 NE 79 ST
CITY - ST - ZIP	MIAMI FL 33176	6.4 CITY - ST - ZIP	MIAMI, FL 33138

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:

Jack Higgins **JACK HIGGINS** 2/13/96 305-759-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)