

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46236 (8)**

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

Principal Place of Business <b>15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131</b>	Mailing Address <b>15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131</b>
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3. Date incorporated or Qualified  
**12/02/1991**

4. FEI Number  
**65-0434817**

Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDREWS, ROBERT W. 12316 SW 117 COURT MIAMI FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JOHN GAYMAN 10465 SW 184TH TERR MIAMI FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRANK HEGEDUS 885 NE 79TH ST MIAMI F</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIGGINS, JACK 6900 NW 4 COURT MIAMI FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRED LOESCHE 8280 NW SOUTH RIVER DR MIAMI FL</b>	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALAN SIMS 1089 SE 9TH CRT HIALEAH FL</b>	<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P HARRY B. CHILDS III 13610 SW 142 AVE MIAMI FL 33186-2937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S FRED LOESCHE 8280 NW SOUTH RIVER DR MIAMI FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T ALAN SIMS 1089 SE 9 CRT HIALEAH FL 33010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D ROBERT W. ANDREWS 12316 SW 117 CRT MIAMI FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D JACK HIGGINS 6900 NE 4 CRT MIAMI FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D AL SNELLING 6187 NW 167 ST # H-3 MIAMI FL 33015</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Harry B. Childs III* HARRY B. CHILDS 2/4/98 (305) 253-6871

CR2E037 (10/97)