

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000083674 (0)**

1. Corporation Name

**PINES ELECTRICAL SERVICES, INC.**



Principal Place of Business

Mailing Address

7167 PEMBROKE PINES ROAD  
PEMBROKE PINES FL 33023

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PEMBROKE PINES FL 33023

3. Date Incorporated or Qualified  
**11/30/1993**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0416702**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

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

**VOTTELER, ALVIN  
7167 PEMBROKE RD  
PEMBROKE PINES FL 33023**

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

Signature of the principal registered agent and the corporation

NOTE: Registered Agent signature required when re-filing.

(4B)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  DELETE  
NAME **BROOKS, EILEEN**  
STREET ADDRESS **7167 PEMBROKE ROAD**  
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **P**  DELETE  
NAME **VOTTELER, ALVIN R**  
STREET ADDRESS **7131 SW 100 COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **V**  DELETE  
NAME **VOTTELER, ROSEANN M**  
STREET ADDRESS **7131 SW 10TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

*Eileen Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALVIN R. VOTTELER**  
**Eileen Brooks**

**4-10-96**

**987-2781**

D.V.

Exempt Place #

CR2E034 (12/95)

94-14-96