FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067680

MS. CABLE & WIRE INSTALLATIONS, INC.

						→	 	10 61111 10816 814		
Principal Place of Business Mailing Address						-	•			
552 N.E. 35TH STREET 552 N.E. 35TH STREET							•			
FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 333				i4			DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed			
						- {	08/14/1996		1	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For			
							65-0714110	- +-	lot Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #			t etc			-+			Additional_	
22	27	te, Apr. #, 6tc.			5.	5. Certificate of Status Desired Fee Required				
City & State City & State							6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			8. This corporation owes the current year Intangible				
	25	29	30			•	Personal Property Tax. Yes No			
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
	3. Name and Address of Cont.	nt regional agent		81	Name					
IFAC	GUE, ANDREA J									
552 N.E. 35TH STREET				82 Street Add			P.O. Box Number is Not Acceptable)		ļ	
FOR	T LAUDERDALE FL 33334			83						
				84	City			. 85 Zir	Code	
)]	,		F			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the a	bove	e-named co	rporation	submits this statement for the purpose	of changing i	ts registered	
l office or a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorized	יעם ו	tne corpora	ition's bo	pard of directors. I hereby accept the app	omment as	registered [
	(II laililliai with, and accept the cong-	adoris 61, 000a611 607.0006, 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		-		}	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOT)	E: Registered	Agen	t signature requi	ired when r	einstating) DATE			
12.		ND DIRECTORS	13,	Ť			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE 1.1		ne				[] Change		
NAME				1.2 NAME					ļ	
	THE STATE OFFICE			1.3 STREET ADDRESS						
STREET ADDRESS		1	1.4 CITY-ST-ZIP							
CITY-ST-ZIP	FORT LAUDERDALE FL 33334				T- ZIP			Change	Addition	
TITLE				2.1 TYTLE			•	onlings	, [],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME				2.2 NAME					[
STREET ADDRESS			2.3 STREET ADDRESS						ļ	
CITY-ST-ZIP			2. 4 CITY-		T-ZIP					
TITLE	DELETE 3.1		3.1 TI	3.1 TITLE				Change	Addition	
NAME	3.2		3.2 N	ME					}	
STREET ADDRESS			3.3 S	REE7	ADDRESS				ļ	
CITY-ST-ZIP					T-ZIP)	
TITLE				4.1 TITLE				☐ Change	Addition	
NAME		-	4.2N		}			_	}	
-					ADDRESS					
STREET ADDRESS					i i		•		,	
CITY-ST-ZIP				4.4 CITY-ST-ZIP 5.1 TITLE				☐ Change	Addition	
TITLE		r) nere ie						C was	,	
NAME			5.2 N						ļ	
STREET ADDRESS					ADDRESS				Ì	
CITY-ST-ZIP				TY-S	T-ZIP					
TITLE				1 TITLE				Change	3 📋 Addition	
				NAME					ľ	

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

5 776-1010

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90122 027 ***150.00

CR2E034 (11/98)